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TRANSACTIONS

OF THE

NEW YORK

MEDICO-CHIRURGICAL SOCIETY

THE PRESENT VOLUME INCLUDES THE TRANSACTIONS OF THE SOCIETY, AS TAKEN FROM THE SECRETARY'S RECORDS, FOR THE YEAR 1883.

NEW YORK
PRINTED FOR THE SOCIETY
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TRANSACTIONS OF THE NEW YORK MEDICO-CHIRURGICAL SOCIETY.

1883.

Annual meeting, January 9, 1883.

President Fowler in the chair.

Subsequent to the transaction of the routine business incidental to an annual meeting, the election of officers took place. The result has already been published in Vol. II., Society's Transactions, Appendix B, page 118, *et seq.*

In consequence of the non-presentation of formal papers, the remainder of the evening was occupied with the citation and discussion of interesting clinical cases.

Dr. Fowler had noted for some time past the marked tendency, on the part of influenzas, to assume an intermittent type; aggravations occurring every third day, during a period of ten days.

Dr. Lilienthal's experience had been similar in his cases; the exacerbation nearly always occurred in the afternoon.

Dr. Kimball stated that fevers of a malarial type had prevailed to an unusual degree, during the last three years, along the New Jersey coast. A peculiar feature of the attacks was that they asserted themselves two hours earlier every second day. The prevalence of the disease induced him to map out the so-called disease-centres, with the object of ascertaining, if possible, its causation. Careful investigation impels him to believe that it is largely due to drought, combined with the peculiar character of the subsoil. The paroxysms were regular and sequential.

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Dr. Pratt had noticed, during the last two weeks, a peculiar periodicity attending the progress of a case of scarlatina. The patient became invariably worse every second day. Since reading his paper on "Schüssler's Therapeutics," he has had under his care three cases of scarlatina—two of which being mild in character, while the third was very severe. In the former he had employed ferrum phos., followed by potassium chloride, with a very satisfactory issue. The ferrum was administered during the period of efflorescence. There was decided cutaneous perspiration as a result, instead of the customary dryness. Nephritic symptoms were absent, and desquamation occurred with no abnormal lesion attending it. In the third case there was more or less exudation in the throat, associated with marked catarrhal symptoms. The remedies exhibited were sodium chloride, potassium phos., and potassium chloride. It required considerable courage to forsake the beaten track of therapeusis, but up to the present he had no reason to regret having adopted the Schüssler plan. The patient is still under observation, and the speaker will report further regarding it at the next meeting of the Society.

Dr. Dennis described in brief a case of double pneumonia, with singular termination. The right lung was completely hepatized, while only the middle lobe of the left was involved. The crisis occurred on the seventh day of the attack. Prior to this time the stomach had been perfectly normal, as far as the digestion of the beef-tea and milk, upon which the patient had subsisted, was concerned. But when the so-called crisis came, the temperature rose to 101°, with a pulse of 104, the stomach rejected food of every description, and vomiting of coffee-grounds set in. Then followed a typical attack of hæmatemesis, the patient ejecting fully half a teacupful of blood, and death soon came to his relief. The fatal termination was certainly not due to the pneumonia. Its cause must be looked for in some pre-existent organic gastric disease, and this, too, notwithstanding the fact that the patient's antecedent history presented nothing abnormal.

With reference to the prevalence of malarial diseases, the

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speaker remarked that in Newark, during the month of August, 1870, when the thermometer registered a higher degree of heat than it had for twenty-five years, there immediately followed an outbreak of intermittent fever, unequaled in extent and severity for a long time, both prior and subsequent to that period. Since then, whenever the heat has been excessive, malarial fevers have prevailed, and although drought usually accompanies such high temperature, and certainly plays an important *rôle* in the causation of the disease under consideration, excessive heat must also be regarded as a very potent factor.

Dr. Bryan presented the history of one of his patients, a young German girl, suffering from synovitis of the elbow-joint, associated with fibrous anchylosis. The lesion had existed for one year, and the customary methods of treatment had proved futile in affording relief. The speaker adopted the following plan, with very satisfactory results: The anchylosis was first broken up under an anæsthetic. The arm was then kept emersed in hot water for ten hours for six successive days. This was followed by a marked reduction in the joint-swelling. A felt splint was then applied in such a way as to retain the arm in the flexed position. The pain has nearly disappeared, and improvement in every particular has been so pronounced as to warrant confidence in the belief that the hot-water treatment will bring about permanent results to the deformity much more speedily and satisfactorily than any other method hitherto adopted.

Dr. Beebe had noticed, in two cases of scarlatina, the tendency for the disease to assume an aggravated form every second day. Another peculiar feature was the presence of rheumatism during the period of efflorescence.

Dr. Dillow detailed the history of a patient suffering from syphilis. He had been a drinker for three years. About seventeen months ago he contracted a chancre, followed by none of the secondary symptoms, excepting a slight enlargement of the lymphatics, accompanied by more or less throat implication. Recently he had complained of cephalalgia coming on after dinner, and continuing until the succeeding morning. The

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speaker was under the impression that the pain might possibly be due to the potassium iodide which had been prescribed, and accordingly discontinued its use. Quinine at first induced partial relief. A peculiar circumstance was the fact that the pain would cease after an apple had been eaten. Still more recently a numbness in one lower extremity was noticed in walking. This was associated with loss of memory and difficult articulation. On one occasion he was found clinging to a lamp-post, perfectly blind, and unconscious as to where he was or what he was doing. There was some diplopia, which, together with other symptoms, was slightly relieved by gelsemium. To-day there is some improvement, although vision is only about half normal. There are no manifestations of optic neuritis, none of retinal trouble. A syphilitic gumma of the brain is suspected. Weakness of the internal recti of both eyes exists.

Dr. Norton regarded the case as one of great interest, and as evidencing the possible presence of a cerebral tumor of some description. The precise nature of the lesion could only be determined by careful and discriminating examinations, instituted for a considerable period of time. Were there a tumor, he would certainly expect to discover an optic neuritis. Of eighty-seven cases cited by German authorities, eighty-four presented symptoms of inflammation of the optic nerve, due to the pressure upon the nerve substance exerted by the fluids which are in excess, as a consequence of the presence of a tumor. A singular feature in the history of such cases is the fact that the growth may remain quiescent for a long time. In illustration the speaker cited a case which has already been adverted to by Dr. Searle. (*Vide* 1st Vol. of Transactions, page 73.)

Dr. Dillow stated that in his patient the headache was not severe in character, and for a day or two would cease entirely. He had derived benefit from "Horsford's Acid Phosphates."

Dr. Leal remarked that it might be of some interest to the Fellows to learn that the test for hæmaglobin, delineated at the last meeting of the Society, had elicited no response in two cases where hæmaglobin was present in the saliva. The same failure

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had attended the application of the test to three specimens of urine containing blood in small quantities, although under the microscope a few blood-corpuscles were discovered in the fluid. Said failure was probably owing to the fact that the blood was present in so small an amount.

Dr. Dillow's experience had inclined him to the belief that the microscope would detect a smaller quantity of blood than the test. He recollected an instance where the blood was present in large quantities, and, notwithstanding, the test failed him completely, probably from the fact that the turpentine employed was of poor quality.

Dr. Leal stated that an excess of either turpentine or guaiacum will necessarily interfere with the successful issue of the test.

Dr. Lilienthal inquired regarding the cause of the widely-spread mortality attending recent cases of pneumonia. He had lost a patient suffering from the disease, although neither opium nor quinine had been administered.

Dr. Fowler referred to one of his patients whose pneumonia had been complicated by gastric disturbance.

Dr. Beebe presented in brief the history of a lady, sixty years old, suffering from an attack of double pneumonia, in the successful management of whose case the fluid extract of coca had played a most important part.

Dr. Dillow briefly described a case, cited in the *Practitioner*, by Dr. Tomassini, an Italian physician, which very clearly indicated that miasmatic influences may be generated in a manner very different from the generally accepted one. The patient, a lady, had found it necessary on several occasions to change her residence, in order to escape her periodical attacks of malaria. She was exceedingly fond of flowers and constantly kept them in pots about her apartment. A Russian physician, under the impression that the presence of the flower-pots might have something to do with the attacks, caused them to be removed. The result was the entire disappearance of the trouble. The speaker, in conclusion, inquired if any of the Fellows had prescribed the pinus canadensis for catarrh of the bladder. One of his patients, a physician,

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was at that time employing it in his own case with marked advantage.

Dr. Fowler said he had used it with satisfactory results as originally recommended by the late Dr. Gray.

Stated meeting, February 13, 1883.

President Minor in the chair.

The paper of the evening was presented by *Dr. Baner*, on "Irritable Cervix Uteri."

On Monday evening, February 5th, at about eleven o'clock, the speaker was called to see Mrs. P., æt. twenty-four, a short woman, of nervo-hysterical temperament, and presenting an unusual muscular development, due to her former avocation, that of circus-rider. She had been suffering severely since five o'clock P. M., and more or less for fifteen hours before. Vaginal examination was attended with considerable difficulty, as the os uteri was so hyperæsthetic, the most delicate manipulation induced intense pain. After three or four attempts, the vagina was found to be contracted, the cervix slightly dilated, the vertex presenting in the right occipito-iliac posterior position, which, during the progress of labor, was converted into the occipito-sacral. Chloroform was exhibited, in the hope that the cervical irritability might be sufficiently diminished to admit of a more thorough examination as to the chances of a natural delivery. As the use of the anæsthetic, however, was not followed by any diminution of the hyperæsthesia, while it almost arrested labor, it was discontinued, and the labor allowed to proceed without it. At the termination of each pain she experienced considerable distress in the head, which would be relieved to a certain extent by well-directed pressure. After waiting until nearly two o'clock, the speaker again attempted to make a digital examination; when suddenly all complaints ceased, and a slight convulsion seized her, which lasted about two minutes. On recovering from it, her whole demeanor was changed. She became morose and indifferent, although still groaning constantly and muttering incoherently. Forceps were sent for, and Dr. Jno. H. Thompson was then summoned in consultation.

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Chloroform was again administered, and while the patient was under its influence repeated attempts were made to dilate the os sufficiently to permit the proper adjustment of the forceps, but without success. Finally, at six o'clock, in view of the probability of craniotomy having to be performed, Dr. McMurray was summoned with the necessary instruments. After consultation it was deemed advisable to first make one more trial to deliver by forceps. In the meanwhile there had been four more violent convulsions, followed by increasing stupor and stertorous respiration. The funis became prolapsed, and the child had ceased to breathe. The chloroform was pushed to almost complete anæsthesia, and subsequent to two hours' hard work a female child, weighing ten and a half pounds, was finally delivered still-born.

Prior to confinement the urine had been repeatedly analyzed, and pronounced to be normal in every respect.

The question naturally arises as to the causation of the convulsions in this case. If they were not uræmic, what were they? In conclusion the speaker remarked that he had never before met with a cervix uteri so sensitive and upon which the slightest pressure induced so many and so violent symptoms. Consequently he concluded that the serious manifestations encountered were reflected from the cervix, and as the head exerted more and more pressure as the labor progressed, the symptoms increased in intensity and convulsions ensued.

In reply to *Dr. Donaldson*, who inquired if there were any objection to the use of ether, the speaker said he knew of none, excepting possibly the tediousness of administration.

Dr. Donaldson then remarked that in operations upon the rectum he had found ether to be much more efficient than chloroform in reducing the irritability of the sphincter; and in view of this fact, he thought that the same happy results might attend its employment in operations upon the cervix.

Dr. Baner was under the impression that obstetricians generally, if not always, preferred chloroform to any other anæsthetic.

Dr. Hallock had seen cases similar to the one cited in the paper, though not so severe, where spasms in remote por-

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tions of the body were associated with irritable cervices. In these cases some lesion at the base of the brain was suspected. As a matter of interest to the Fellows, he desired to call attention to his habit of administering caulophyllum a week or so prior to confinement in all primipara cases, as he found it invariably efficacious in promoting muscular relaxation, and, in this way, a measure of relief to the labor pains. The drug, in the first decimal trituration, is dissolved in water and administered in tablespoonful doses morning and evening.

Dr. Lilienthal inquired whether the size of the child described in the paper might not be due to the easy life, following a long period of hard work. His experience in the use of caulophyllum coincided with that of Dr. Hallock.

Dr. Donaldson said that, in a recent issue of the *Obstetrical Journal*, Dr. Mundé reported a case of irritable cervix, in which simple contact of the fingers would induce complete loss of consciousness and other signs of nerve disorder. In response to a request of *Dr. Baner*, Dr. Fowler presented the history of the patient, referred to in the paper of the evening, subsequent to confinement.

The woman was so small, and the vaginal outlet so contracted, that the perineum was torn through into the rectum. The accident was repaired at once and with entire success, and the patient made a rapid and satisfactory recovery. Investigation into the family history elicited the fact that the irritability described was really a family characteristic. A sister of the patient suffered from convulsions of a similar nature whenever confined; and even when pregnancy did not exist, manipulation of the cervix would invariably induce convulsions. As was stated by Dr. Baner, the patient's urine had been repeatedly examined previous to accouchement, and at no time was anything abnormal discovered in it.

Dr. E. V. Moffat, in view of the success which had attended the use of morphine in the treatment of uræmic convulsions, asked if it might not also be indicated in such a case as the one narrated, when pushed to its extreme physiological effect.

Dr. Hallock inquired whether, when all the circumstances of

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the case were taken into consideration, craniotomy would not have been preferable to all other procedures. He briefly referred to an instance where the operation had been performed with entire success.

Dr. Baner said that in the consultation the majority vote was against it, and the method indicated adopted.

With regard to the choice between ether and chloroform in accouchement, *Dr. Paine's* experience had, with one exception, been exclusively with the latter. In the instance referred to, he had employed ether out of deference to the wishes of the consulting physician. He was not aware of any especially different effects induced by the two anæsthetics. The great objection to the ether has always been the length of time necessary to produce narcosis under its influence.

The next topic for discussion was "Pneumonia."

Dr. Hallock noted the many reports that were in circulation regarding the mortality attending the disease during the current winter. Personally he had seen but one fatal case, and that was a lady seventy-five years old, supposed to have been suffering from phthisis for twenty years prior to the attack. The patient progressed favorably at first, but a fatal issue was brought about in consequence of exposure, due to criminal carelessness on the part of the attending nurse.

Dr. Paine also had remarked the unusually speedy fatal results, and in a large number of instances, where death had ensued in from two to four days after the outset of the attack, personal acquaintance with them enabled him to ascertain that they had invariably been treated by means of hypodermic injections of morphine. The treatment was certainly not as remarkable as the fatality attending it.

Dr. Hallock, in the management of pneumonia and capillary bronchitis, was in the habit of promoting diaphoresis by the application of heat to the body through the medium of rubber bags filled with hot water. Aconite should be administered during the first stage, and generally for three or four days; subsequently bryonia. He found that as long as the patient could

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be kept in a state of moderate perspiration, the pain would usually be either altogether absent or at least very slight. In illustration he cited the history of a patient whom he had visited yesterday morning. Hot bottles were at once applied to the affected side and warm applications made to the extremities. Aconite and bryonia were exhibited. The patient was very comfortable during the day as long as the applications were kept up. They occasioned considerable inconvenience to the patient, however, and, without the doctor's authority, were discontinued. She became worse at once, and the applications had to be renewed. The case at the present time is progressing very satisfactorily. The crisis occurs at varying intervals, the time depending very largely upon when the patient is seen; the later the treatment is begun the longer the attack will continue, as a rule. In one or two instances the speaker had used ferrum phos., although he must confess to a feeling of greater confidence in the old remedies. As soon as all anxiety about the patient is removed, under certain circumstances, he has administered kali bich. and sanguinaria when indicated. At the beginning of the attack he never uses iodine, either alone or in any of its compounds. As soon as the expectoration becomes loose and increased in quantity, he exhibits stibium.

Dr. Donaldson had experienced considerable difficulty in the use of the hot-water bags, in consequence of the fact that at times when they were applied the patient will awaken from sleep bathed in a profuse and exhausting perspiration. He questioned their safety under such circumstances.

Dr. Hallock was of the opinion that the hot bags are not indicated in such cases, and would prefer simply hot flannels locally, in conjunction with the internal administration of mercurius.

Dr. Paine's experience inclined him to the belief that there was no disease in the management of which there is such a diversity of treatment as in that of pneumonia.

Dr. Fowler, in speaking of quinine and its employment in the treatment of pneumonia, referred to its peculiar drug action upon the cutaneous and mucous surfaces.

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On Sunday, January 28th, a gentleman took four grains of quinine, and on the following day came to the doctor with a peculiar tumefaction of the tissues at the flexures of the joints, particularly of the knee. This obtained for twenty-four hours, and was succeeded by an eruption, watery in nature. On pricking this, the serum would disappear, leaving behind it discolorations, which lasted for an indefinite period. Three other cases were referred to in which the same result ensued upon the administration of the drug. Then, again, if the patient happens to be a so-called confirmed asthmatic, the quinine would frequently superinduce a genuine attack of the paroxysm.

Dr. E. V. Moffat cited a case of supposed scarlatina, which was rendered so peculiar by the absence of fever and other symptoms which one usually notes in typical instances of the disease, that, to his mind, the diagnosis was questionable.

Dr. Hallock's opinion was that the patient was really suffering from scarlatina, and that such cases should be watched with the utmost care in view of possible nephritic complications.

Prior to adjournment, on motion by Dr. Fowler, seconded by Dr. Hallock, a vote of thanks to the secretary, in return for what had been accomplished in the publication of the Transactions, was unanimously passed by the Fellows.

Stated meeting, March 13, 1883.

President Minor in the chair.

The first paper of the evening was read by *Dr. Fowler*, on "Some Peculiar Effects of Quinine upon Cutaneous and Mucous Surfaces."*

When there exists, said the speaker, a markedly characteristic idiosyncrasy, in response to a certain remedy, which is so frequent in occurrence that three or four instances will fall within the observation of any one medical practitioner, it is, perhaps, not unreasonable to presume that such medicinal action is rare only by comparison, and that directing a more general attention to the subject is all that will be necessary to elicit instances suffi-

* N. Y. Med. Times, May, 1883.

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cient in number to establish such phenomena as constituting a part of the legitimate pathogenesis of the drug. With this object in view, accordingly, the following brief memoranda respecting the peculiar result attending the administration of quinine are offered for consideration. The histories of four patients are presented in detail. In the first, twenty-four hours subsequent to the administration of four grains of the bisulphate, there appeared upon the wrists, fore-arm, knees, and ankles, bright red patches, varying in size, surrounded by a narrow, colorless border, and attended by severe burning sensations. There was no itching. After the lapse of twenty-four hours the patches assumed a yellowish blue hue; and in some of them, just under the epidermis, there were very considerable collections of fluid of an amber color, alkaline in reaction, and containing about twenty-five per cent. of albumen. At the end of the third day, the bullæ began to shrivel and the discoloration, with attendant symptoms, to disappear. At first there was a slight elevation of temperature with some nausea and inclination to diarrhœa.

On the fifth day the patches of raised cuticle peeled off, but the dark, bruised look did not disappear for three months. On seven or eight previous occasions had similar phenomena occurred, after the exhibition of quinine, even when the dose was as small as half a grain. The customary manifestations of quinine poisoning were altogether absent. Both parents of this patient were subject to attacks of asthma—the father, in addition, being a sufferer from eczema of the most inveterate type. The patient himself was prone to temporary and mild attacks of eczema and dyspnœa.

In the second case, six grains of the bisulphate were administered during the first day. On the second there appeared upon the upper part of the chest, upon the arms and knees, patches of angry-looking inflammation, studded with minute vesicles filled with yellow serum. The course of the eruption and its concomitant symptoms was similar to that attending the first case. She had suffered from like attacks on two occasions prior to this, and subsequent to the exhibition of quinine; but as the speaker was not

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aware of this fact, the dependence of the eruption upon the drug-action was not recognized. During the following autumn six grains of the bisulphate were prescribed, and were succeeded by phenomena similar in their main features to those already noted. She had one more attack after this, due to the so-called elixir of calisaya, containing, it was afterward ascertained, the sulphate of quinine as its principal ingredient. This was taken contrary to the directions of the speaker. The antecedent history of this patient reveals the fact of having been subject to attacks of asthma and some form of eruption resembling eczema. Her father was similarly affected. An only aunt was asthmatic.

In the third case there was a history of an eruption assimilating urticaria following immediately upon the administration of quinine. Several years after she had occasion to summon a physician in the country; and although she informed him of her inability to take the drug, he, regarding it as a whim, gave her six or eight grains without her knowledge. A few hours after came the eruption similar to those already described The fourth case presented very much the same phenomena, with asthma as the complicating feature. In conclusion, the speaker remarks that these *genuine* provings are offered for what they may be worth. So far as they go, they are of that tangible class from which alone, in his estimation, can be constructed a materia medica which will not be a snare and a bitter delusion.

Dr. J. L. Moffat regarded the cases cited as belonging to a class of individuals characterized by a marked diathesis, upon which quinine appeared to exert the effect of an excitant. Would the same result ensue upon the administration of the drug when such diathetic influence did not exist?

Dr. Fowler said his experience did not extend beyond the cases described, as they were the only ones that have fallen under his observation.

Dr. Minor then read the second paper of the evening, on "An Operation for the Removal of a Rhino-pharyngeal Polypus." *

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* N. Y. Med. Times, April, 1883.

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The operation was performed on the 29th of January, 1883, in the presence of Professors Helmuth, Wagner, Whiting, and Doughty, and Drs. Bryan, Millard, and Rice, and was interesting, not only on account of its danger and difficulty, but because of the fact that Bruns' osteo-plastic resection of the nose was adopted in place of the customary procedures.

The patient, a lady, sixty years old, presented the following condition: The left nasal fossa was entirely filled by a large polypoid growth, which over-distended the cavity, depressed the horizontal portions of the palate bones, and presented itself in front in the left nasal orifice as a soft, dark red tumor, bathed in pus. It was impossible to insert a probe between the tumor and the walls of the nasal fossa, in consequence of its enormous proportions and the danger of hemorrhage. Investigation in the post-nasal region discovered what appeared to be the base of the growth, springing from the basilar process of the occipital bone. Pressure upon the left lachrymal duct had induced obstruction. Hearing in the left ear was much impaired. There was no evidence of invasion of the antrum. Ten months before, Dr. Cheever, of Boston, had removed the growth. After stating the opinion that the tumor was malignant, and his reasons, notwithstanding, for the operation, the speaker devoted considerable space to the discussion of the dangers incidental to the operation and the most improved methods of avoiding them. The different procedures customary in the management of similar cases were then considered pro and con, and the following plan adopted, viz., to resect the nose, and, if the tumor had invaded the antrum, to resect the superior maxilla, after having performed tracheotomy, and, finally, to get through with the resections as rapidly as possible. The patient was accordingly placed under ether, preliminary tracheotomy made by Dr. Helmuth, and the nose resected in pursuance of the Bruns' method, the different steps of which are minutely delineated in the paper.

As soon as the nose was turned to one side, it was at once ascertained that the growth filled both nasal cavity and antrum, that the inner wall of the latter was entirely absorbed, and that the

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posterior wall and floor of the orbit were partially destroyed. The hemorrhage at this point was so great as to totally obscure the field of operation, and render its succeeding steps dependent upon the sense of touch rather than that of sight. The resection of the superior maxilla was then performed as rapidly as possible, and the details fully described. On the completion of this step the tumor was removed, and was found to extend from the basilar process up into the sphenoid cell, destroying the turbinated bones and a portion of the superior maxilla. Paquelin's thermo-cautery was quickly applied to the base of the growth, to the cavity of the sphenoid, and to every bleeding point, but without completely stopping the hemorrhage, so that it was necessary to employ the persulphate of iron, as a styptic, very thoroughly before it could be controlled. The cavity was now filled with tampons saturated with the styptic, the nose replaced, the lip and cheek restored to their position, and the line of incision sutured with fine silk. At this time there appeared to be very little chance of the patient surviving the operation, and it was not until after repeated hypodermatic injections of brandy and camphor, combined with an occasional inhalation of nitrite of amyl, that a reaction was obtained. For six hours subsequently was it necessary for the speaker to remain with the patient before there was sufficient improvement to warrant the expectation that she would recover from the hemorrhage and shock of the operation. On the third day facial erysipelas set in, accompanied by symptoms of blood poisoning, and on the tenth day death ensued. A greater portion of the line of incision had healed by first intention. Had it not been for the unfortunate complications, the patient would probably have lived, and consequently, surgically considered, the case may be classed as successful.

In concluding his paper, the speaker remarks upon the unsatisfactory nature of such hazardous operations, and expresses the belief that they should be limited to those cases which offer a fair prospect of permanent benefit.

The three forms of polypus affecting the nose are the gelatinoid, or mixomatous, the fibroid, and epithelial. The first variety

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may be removed by torsion, ligation, or acetic-acid injections; the second by the employment of methods similar to that adopted in the operation described; and the third in the same way, provided any operative measure should be deemed advisable. But it certainly seems questionable to operate where the growth is malignant; for at best the relief is but temporary, and the chances of a fatal issue from the operation are by no means small. Another conclusion deduced by the speaker is, that where Bruns' operation is performed, resection of the maxilla becomes unnecessary, so far as obtaining access to the tumor is concerned. Should any morbid condition of the jaw exist, it may of course necessitate resection, otherwise it had better be left alone.

The speaker then illustrated upon the skull the different steps of his operation, and advocated very strongly the substitution of the so-called *dental engine*, with circular saw adjustment, in place of the saws in ordinary use. The difficulties in the way of the management of the latter were very clearly portrayed. As to the dangers of the operation itself, strong testimony from different authorities was advanced to show that it is one of the most formidable in the practice of surgery. Regarding the employment of the galvanic knife, the speaker said it answered very well for operations upon the fibroid variety of polypus, but in cases similar to the one narrated it would not exercise sufficient control upon the hemorrhage.

Dr. Schley exhibited a specimen of a mixo-fibroma, which had been removed by the galvanic knife by Dr. Butler. The growth protruded from the posterior nares, and interfered very greatly with deglutition and normal respiration. It was supposed to be attached to the basilar-process of the occipital bone.

Dr. Butler described the steps of the operation, which was successful in its issue, and the patient has done well since it was performed.

Dr. Beebe described a somewhat similar case. The growth was not so large, and there was comparatively little difficulty in removing it by means of the écraseur. With reference to the different types of polypoid growth that have their *locale* in the nares,

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he had noticed among his patients an additional variety, to which he had given the name of cysto-gelatinoid, or cysto-mixoma. In these cases the main body of the tumor is composed of the ordinary gelatinoid tissue, and the remainder of cysts, containing in some instances large accumulations of a sero-sanguinolent fluid. Differentiation is based upon the color, as in this new variety a decided bluish hue is very marked.

Dr. Schley presented a report of the autopsy in the case of ascites chylosus, referred to in previous meetings of the Society. The patient had been tapped thirty-four times during a period of two years and four months, and 224¼ quarts of chylous fluid, weighing about 700 pounds, were removed from the abdominal cavity—the first operation occurring on October 9, 1880, and the last on February 16, 1883. A noticeable feature in the history of the case is the length of time the patient lived subsequent to the first tapping. Repeated and careful examinations of the fluid evacuated indicated its chylous nature. Autopsy, fourteen hours after death:

Face œdematous and pale; rigor mortis pronounced. Lower extremities œdematous, with distended blood-vessels, and patches of eczema. Abdomen protuberant, and presenting umbilical hernia. Large quantities of ascitic fluid escaped on incising the peritoneum. Old adhesion of right pleura, with small quantity of serous fluid in its cavity. The lung crepitates well. Evidences of an inflammation of the smaller bronchia. Heart enormously enlarged transversely. Pericardium thickened throughout with extensive adhesions. Large fibrinous clots in all cavities. Left ventricle and auricle excessively hypertrophied. Right ventricle and auricle hypertrophied. The borders of the mitral and tricuspid valves were thickened. Extensive adhesions and thickening of the left pleura. Left lung considerably smaller than right. Fibrous phthisis of the upper lobe was well marked, with bronchial dilatation.

Liver small, pale; capsule thickened, and covered with a creamy deposit. Mesentery much thickened, with large quantity of adipose at its attachment to the vertebral column. No dilated

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chyle-ducts were found on cutting through different portions of the mesentery. Stomach distended and pushed over to the right side. Left kidney much larger than normal, with capsule dense and adherent, enveloped with fat, and at its upper surface firmly attached to the spleen, which was pressed firmly against the vertebræ, and bound down by strong adhesions. Both kidney and spleen were adherent to the inferior surface of the diaphragm. On the lower and anterior portion of the spleen a small opening was discovered, from which a little chyle escaped. The left kidney contained a good-sized uric-acid calculus. The right kidney was adherent to the liver.

The conclusion deduced from the above data, as to the cause of the abnormal chyle deposits, was, that it was due to the pressure exerted by the adherent kidney and spleen upon the vertebræ, just below the diaphragm, and inducing occlusion of the lumen of the chyle-duct. The most careful investigation failed to discover the duct. In conclusion the speaker read an extract from the January, 1883, number of the London *Lancet*, relating to a case of early perforation in typhoid ; in which, at the necropsy, a large quantity of chylous fluid escaped from the abdominal cavity upon opening it.

Dr. Minor exhibited a substitute for the cumbersome starch bandages in common use among surgeons. It consisted of simple crinoline used in lining dresses, which, when torn up into bandages of the proper width, loosely rolled, and saturated with water, furnished a bandage that is light, easily applied, and cheap. The method of application is the same as that adopted in putting on any bandage. In four or five hours it will set and afford perfect support. The suggestion is due to Dr. Sands.

Dr. Searle referred to the history of a patient who had suffered for many years from headache, which resisted all plans of treatment, until he sent him off to Texas, in company with a professional trainer. There, subsequent to a most thorough course of training, so-called, the pains ceased, and the patient has remained perfectly free from them ever since.

Dr. J. L. Moffat cited a similar case, where bicycle-riding had

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effectually removed the headache. Exercise in the open air is far too greatly neglected in the management of such afflictions.

Stated meeting, April 10, 1883.

President Minor in the chair.

The first paper of the evening, on "Leucorrhœa,"* by *Dr. Donaldson*, was read by title. The following is an abstract of the same:

When the prevalence of blenorrhœa of the female genital tract and the unlimited opportunities offered for its study are taken into consideration, it is surprising that such unsatisfactory results have thus far attended its management. In addressing this Society, it is hardly necessary to suggest the impropriety of regarding leucorrhœa as an idiopathic affection, for, with very few exceptions, it is a condition dependent upon causes more or less remote; and it is only by taking this broad view of the subject, that we can hope to be successful in the treatment of the disease.

Scrofulosis unquestionably furnishes the most intractable forms, and patients belonging to this class usually present a history of catarrh dating from childhood. They are prone to catarrhal affections, in consequence of the slightest deterioration of the general health; the blenorrhœa acting as a safety-valve in relieving the tissues of morbific matter which the degenerate glands fail to properly eliminate.

Another fruitful source of leucorrhœa is to be found in the perversion of the cutaneous functions, or in their imperfect performance, the result of unusual exposure, from a variety of well-recognized causes.

Vascular turgescence plays an important *role* in the production of this hypersecretion, and may be the result of cardiac valvular insufficiency, of an obstructed portal circulation, or of constipation, which last exerts its influence by inducing pelvic congestion from straining at stool. Again, blood-stasis of the pelvic organs may be produced by indolence and debilitating habits of life. As

* Hom. Journ. Obstet. and Dis. Abdom. and Children. May, 1883.

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the natural result, we may have more or less varicosity of the weakened blood-vessels, and consequent hypersecretion; uterine flexures, tumors, and an inflamed ovary, through their influence upon the contiguous structures, may bring about the same result.

A like conclusion may be reached when we take into consideration the different methods employed to prevent conception. Abnormal condition of the digestive and urinary functions and mental faculties must not be forgotten.

Regarding the question of treatment, practitioners are practically divided into two classes: one considering the local indications as paramount, the other wholly engrossed in rectifying constitutional defects—a condition of things which is the natural outgrowth of either previous experience or prejudice. Subsequent to a minute consideration of this point, the speaker says: "Every one will recognize the fact that the constitutional defect and local abnormity reflect their evils, each upon the other, and consequently the constitutional and local treatment must go hand in hand if we would reach a successful issue."

An illustrative case is cited. The patient was first treated solely by rest and internal medication. As long as this plan was adhered to improvement was marked, but as soon as the customary habits of life were resumed the old trouble returned in a much aggravated form. Local treatment, combined with internal medication, and a proper modicum of exercise, was then instituted, with the result of inducing a complete cessation of the leucorrhœa and a return to perfect health.

It would be superfluous to mention all the remedies that would be indicated in each individual case. In order to render the treatment successful, the manifestations, both objective and subjective, must be studied and investigated with great care, and whatever local or internal medication said indications may demand must be exhibited.

Particular attention should be devoted to that regimen which appears to meet the exigencies of the case, so that the different functions of the body may be kept at as nearly a normal standard as is compatible with the circumstances of the case.

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The speaker places special stress upon the necessity of keeping up an equable body-temperature by proper clothing.

All attitudes of the body, in walking, standing, sitting, or reclining, should be avoided, which, from a variety of causes, would naturally tend to favor blood-stasis and displacement of the pelvic organs.

Practices which would result in producing irritation of the vaginal mucous surfaces must be strictly forbidden.

A most important desideratum in the achievement of the desired result, in the management of our patients, is the proper observance of the necessity of regular and systematic exercise in the open air and sunshine. This consideration is particularly pertinent to those patients whose avocations necessitate sedentary habits of life; exercise, increased respiration, and accelerated circulation create a demand for nutriment, the tissues are freed from morbid matter, and the muscular structures are prepared for and fortified by means of the appropriation of material for new cell-formation.

That the same rules should be enjoined upon those whose lives are passed in the midst of luxury, is evidenced by the history of a patient cited by the speaker.

In recommending walking, it is always best to designate the exact distance which may be desirable; otherwise, at the beginning, too much may be attempted, and so defeat our object.

The local treatment of leucorrhœa is a very important auxiliary, and should not be neglected. The physician should, if possible, diagnose his case perfectly at the outset. He is then thoroughly acquainted with the condition of the structures, and is prepared to employ whatever local measures said condition may demand.

The speaker here directs attention to the differentiation between simple vulvo-vaginitis and gonorrhœa, and the treatment to be instituted in either case, giving special directions regarding the necessity of cleanliness in all manipulations of the diseased parts. The solution for injection which he specially recommends consists of about one drachm of boracic acid to the quart of warm water. Should uterine displacements exist, they should be intel-

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ligently treated by the most appropriate mechanical means at the disposal of the physician. Adventitious growths, lacerations, and erosions of the cervix must be attended to.

At times stenosis of the cervical canal exists, causing catarrh of the endo-metrium, with enlargement of the corpus, in the same manner as a stricture of the male urethra will produce gleet and prostatic enlargement. The methods adopted for relief of uterine blenorrhœa most in vogue are injections into the uterine cavity of astringents, scraping the lining membrane with the curette, and the application of the actual or galvanic cautery. The speaker prefers, and recommends, the application of the sponge-tent, impregnated with a mixture consisting of equal parts of alum, borax, and granulated sugar finely triturated. The manner in which the sponge-tents are prepared is as follows:

Great care should be exercised in the selection of the sponges, which should be fresh, elastic, and unbleached. After a thorough cleansing it is cut into pieces about the size of the index-finger and two inches in length. These are allowed to remain over night in a four per cent. solution of carbolic acid, or a two per cent. solution of thymol, and, after having been thoroughly squeezed, when yet moist are impregnated with equal parts of borax, alum, refined cane-sugar, and gum-acacia, mixed and finely triturated. The sponge, thus prepared, is next impaled upon a steel stylet, and wound firmly with a small fish-cord. After allowing sufficient time for thorough drying, the cord is removed, and, if proper care has been exercised in the preparation, a moment's sandpapering will render it sufficiently smooth to receive a coating of beeswax, which is applied warm, and then rubbed with some hard, smooth substance. In this way a polished surface is secured, which greatly facilitates its introduction. Before inserting the tent, its surface should be perforated in a number of places, in order to insure the necessary absorption.

The method of insertion is detailed, as are also the conditions which indicate the employment of the tent.

The symptoms denoting the presence of endo-metritis and endo-cervicitis are here presented, and the points of difference

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detailed. When the inflammation is limited to the cervical canal, we will find oozing from the os a glairy fluid, so tenacious that it is with difficulty removed. As soon as the canal is cleansed by means of a probe wrapped in absorbent cotton, a condition is usually discovered which is minutely described. Should vegetations be found, the canal is to be dilated by sponge-tents, and the powder already noted may be applied by the aid of the uterine pistol. When the granulations extend over the vaginal surface of the cervix, a pledget of cotton, moistened with glycerine and dusted with the powder, may be placed in contact with them. This should remain twenty-four hours, and the operation repeated in about four days. During the intervals, from two to four quarts of a saline douche, as hot as can be tolerated, should be used each night upon retiring. Immedialely after the douche, about a gill of cold water should be injected. To admit of the proper application of the above, the patient should assume the dorsal position upon a rubber sheet, so adjusted as to have its folds drop into a convenient receptacle at the bedside. The feet should rest upon separate chairs, and the hips project slightly over the edge of the bed. The jet or fountain syringe may be employed, the former preferably. Proper precautions must be observed to avoid injecting the fluid into a patulous os.

The speaker next adverts to a form of vulvitis not infrequently found among children in whom the strumous diathesis may or may not exist. This may or may not be infectious, and hence the necessity of proper cleanliness. After describing in detail the manifestations presented by this lesion, the speaker remarks that, besides administering the properly indicated constitutional remedies, the same topical measures heretofore recommended are here applicable—care being taken to prevent unnecessary friction of the parts. Another plan of treatment is to institute daily bathing of the inflamed structures with warm water and boracic acid, one drachm to the quart. This may be followed, after the parts are thoroughly dried, by the application of an ointment composed of cosmoline, ℥ j. ss.; citrine ointment, ʒ ss.; and sulphur, ʒ j. M.

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In conclusion the speaker refers to the mental condition as bearing a very important relation to all physical disturbances of women, and notes briefly several facts that prove the truth of the assertion.

The second paper of the evening, on "Science-Teaching in Medical Colleges," was read by *Dr. Leal.*

In the discussion of this topic, which presents so many points of interest to the minds of those who are desirous of a more complete and higher standard of medical education, all writers, thus far, have indicated the degree of perfection that might be reached if certain conditions, at present unattainable, could be fulfilled; but no one has attempted to answer the question, "What can be done to advance the standard while the present conditions exist?"

To consider this question fairly, two things must be taken into account: first, the material from which the physician is developed, that is, the medical student; and, second, the instructors whose duty it is to direct such development. The speaker classes the students into three divisions: first, those who have chosen their Alma Mater because of her known superiority; second, those who regard expense as the determining factor in their selection; and, third, those whose aim is to obtain a degree with the least possible study and in the shortest possible time.

It needs little demonstration to show that the first class of students will generally succeed wherever they may go; while the third invariably prove a most undesirable element in any college. The great majority of students belong to the second class, and in capacity, may be good, bad, or indifferent, and, for many manifest reasons, are generally lacking in that training and qualification for study so necessary for success. One of the essentials in the training of a doctor of medicine is accuracy of observation. In the attainment of this, science-study is a most important factor. The speaker here points out very clearly the deficiency in this branch which exists in our colleges of to-day. Lectures, it is true, are delivered on chemistry and, possibly, natural philosophy; but little or no special attention is paid to practical and

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hence thorough investigation in these departments. And this is one of the reasons why students would so frequently absent themselves from said lectures, were it not for the fear of the examinations that follow.

Those who claim that the sciences are of no practical value, for the reason that they can get along well enough without them, could not inflict a worse injury upon students than they do when they attempt to prejudice their minds against such study. It can readily be seen that nothing tends so powerfully to lower the standard of medical education as advice of this description. Until entrance examinations of the right sort are established, colleges *must* teach the structural sciences, and act as trainers as well as teachers. The instructors in such departments as chemistry, anatomy, or microscopy, in an unendowed medical college, are usually men in active practice, and hence have little or no time to devote to the preparation and proper illustration of their lectures. The tendency of such lectures is naturally to degenerate into a series of points, whereby students may know what to *skip* in their text-books when preparing for examination. On the other hand, should such instructors be independent of the income derived from practice, and, at the same time, be thoroughly interested themselves in the study of their respective branches, the conclusion would necessarily be very different. Unfortunately it is a very difficult matter to obtain men with these qualifications. On the supposition that the honor of being officially connected with a college is worth a certain amount of time, by multiplying the number of instructors, less time is demanded from each individual, and in this way thorough instruction, at a limited cost to the institution, might be obtained.

The best way to inculcate the practicability of the sciences in the minds of students is to cause them to interrogate Nature in the laboratory.

The assertion, that those who are really anxious to learn will do so, without regard to the methods of instruction employed, is tenable only under certain conditions, which are manifest to any thoughtful observer. The man who attains to the most advance-

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ment is he who avails himself of every opportunity afforded him.

The two methods of teaching are the so-called deductive and inductive methods. The former is the older, and consists in lectures on different topics, illustrated, it may be, by experimental demonstration. The latter starts with experiments, from which are derived the statements which bear reference to the subject in question. The inductive method is more thorough and impressive, and can be applied to large classes by means of laboratory work.

The objections urged against this plan are two-fold: first, it requires too much time; and, second, it involves too much expense. These points are considered pro and con by the speaker, and the conclusion reached that they are not tenable. The system has proved successful in every institution into which it has been introduced, and wherever it *has* been adopted the standing has been materially raised in the branch affected. Students invariably state that they learn more by quizzes than by lectures; and it was for this reason that, during the session of 1883, in the New York Homœopathic Medical College, the speaker, in his department of chemistry, decided upon the discontinuation of lectures, and the inauguration of recitations. The result of an incomplete trial in 1883 was a decided advance in the standing of the class, there being fewer failures in examination and a higher average standing than in any previous year. The speaker concludes as follows:

1. The object of science-teaching is to so fix in the student's mind the construction of the science, that he will be enabled to take up the study by himself understandingly.

2. In order to give students this knowledge, laboratory teaching is necessary.

3. By multiplying instructors, the unendowed college can secure thorough teaching, because no man will be so crowded that he cannot attend properly to the requirements of his department.

4. And, finally, a medical college may be made self-supporting,

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and still have an extended course of study, with rigid requirements for entrance and graduation.

Dr. J. L. Moffat, in the discussion of the paper, regarded the proper endowment of medical colleges as a most important desideratum in their successful management and in raising the standard of medical education. But how can such endowment be obtained? Possibly by exciting in some way, among the alumni, a greater practical interest in the institution from which they were graduated. The beneficial result of the adoption of some such plan as this has already been seen in the Brooklyn Hospital, through an organization, termed the Ladies' Association, which has been established in connection with the hospital. Medical colleges can be managed in the same way.

Dr. Searle said he could not understand why the present plan of teaching anatomy in colleges should still be enforced. Much valuable time is unquestionably wasted in the endeavors of students to memorize the names of muscles, their points of attachments, etc. Even comparative anatomy, in his opinion, should be relegated to the domain of surgery. Anatomy, he thought, should be studied histologically, as it were—that is, bone as bone, muscle as muscle, and so on.

Dr. Fowler regarded the matter from another point of view. The question to be solved pertains to the raising of the standard of medical education. The solution of this problem depends upon the laws of supply and demand. As soon as the people demand a higher education, the colleges will supply it.

Dr. Helmuth argued in behalf of the methods of teaching anatomy employed in colleges. He did not regard with favor the plan of quadrupling the faculty, because of the too evident fact that it is difficult enough to get along with one of ordinary dimensions, and any increase in number would only naturally serve to augment such difficulty.

All further discussion was deferred, to admit of an examination by the Fellows of a case of floating kidney, presented by Dr. Helmuth.

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The third paper was read by *Dr. Helmuth*, on "The Rapid Method of treating External Aneurism." *

Jean de Vigo, a physician of Genoa, in the sixteenth century, is said to have first conceived the idea of treating aneurism by compression. The original instrument employed for carrying out this method, termed a *ponton*, was devised by the Abbe Bourdilot, and was so constructed with a groove on its inferior surface as to admit a portion of the blood-current to pass under it. Hence its name. At that time most external aneurisms were located at the bend of the elbow, in the course of the brachial artery, and were the result of injury to the vessel in the operation of venesection. Subsequently compressors in great variety were invented, and modified by as many different authorities. The speaker discusses at length the varied points at which pressure is to be applied, and, in concluding this section of his paper, remarks that the chief idea of this essay is to lay before the Society the newest method of treatment, known as the "Rapid Method," and which can only be effected by the India-rubber bandage introduced by Esmarch.

The laminated fibrinous clot of Broca lining the walls of the sac, and the passive currant-jelly-like clot at the centre through which the blood-stream passes, with greater or less rapidity, are described, and a specimen perfectly illustrating the first-mentioned condition exhibited. The patient from whom the specimen was removed was suffering from an aneurism of the arch of the aorta, and presented the customary symptoms. For two weeks he was placed under the rest and starvation treatment, and 90 to 120 grains of gallic acid daily were prescribed, together with 5 drops of ferrum-subsulphate, on alternate days. The plan was pursued for nearly four months, and at the end of this period the patient left the hospital able to perform hard daily labor for the first time in over four years. He finally died of lobular pneumonia several years subsequently. The speaker does not regard either the laminated fibrine or the central semi-consistent mass of red blood-corpuscles and serum as true clots, and at this point advances his reasons very clearly for such opinion.

* N. Y. Medical Times, May, 1883.

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From these deductions the rule has been laid down that laminated fibrine is only separated from blood in motion. When once found it is very stable, not prone to disintegration or to organization. A true blood-clot is only formed when the blood is at absolute rest; and when formed the clot is unstable, readily undergoes organization, disintegration, absorption, or conversion into a dry, friable material. This formula will explain the rationale of cure and of failure by the so-called rapid method, which is as follows, and is applied in the following manner: The patient first assumes the recumbent posture, and beginning at the distal extremity of the limb (at the toes, for instance, in popliteal aneurism), the bandage is tightly and equably applied around the limb until the sac is reached. Over this a few light turns are made, merely to give support to the walls of the tumor. The aneurism once passed, the "Esmarch" is again tightly applied up to the middle of the thigh, and there made fast. Two or three other methods of applying the bandage are adverted to, and a case of popliteal aneurism described. The history of this patient is given in full in the *Lancet* for 1875, by Dr. Walter Reid, of the English Navy, who was the first to suggest the use of the rubber tubing in the treatment of aneurism. The compression induced by this method is very different from that produced by either the tourniquet, by digital pressure, or by ligature, as is evidenced by a detailed description of the *modus operandi* of the latter.

When the Esmarch bandage is applied, the circulation is entirely arrested above and below the tumor, and the formation of a true clot thus materially favored. As soon as this clot becomes firm, an additional plug is formed in the artery itself. And if the blood is in good condition, this proceeds to rapidly organize, and the aneurism is cured, or becomes disintegrated, and the operation results in failure. Of seventy-five cases of different forms of external aneurism tabulated by Dr. A. Pearce Gould, treated in this way, about fifty per cent. recovered.

The speaker refers to the number of times the bandage had been applied in individual cases, and the length of time it was

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allowed to remain *in situ*. In some instances the combined method was employed. It is important to remember that the rapid method is not devoid of danger, as death from a variety of causes, some of which are cited, may occur, either during the treatment or shortly after.

The speaker now gives the history of his patient, who was suffering from a sacculated aneurism of the right popliteal artery. On January 3d, 1883, he was sent to the Hahnemann Hospital for preparatory treatment, which consisted, until February 7th, of a diet of eggs, milk, and farinacious food, with a small piece of meat each day. The bandage was applied for fifteen minutes every night and morning, and three times in the twenty-four hours circulation was arrested by a compress at Scarpa's space. He was kept recumbent. On February 7th, at 2.15 P. M., the Esmarch bandage was applied in the manner already described. At 3.25 a tourniquet was adjusted to the femoral artery in Scarpa's triangle, and the rubber band gradually removed. The patient's condition during the interval was carefully noted, and the points thereof detailed by the speaker. At 8 P. M. the tourniquet was removed, and the remainder of the treatment consisted of digital compression exerted by several gentlemen, who were divided into sections of five, each section being on duty for two hours, and each individual exerting pressure for twelve minutes each hour. At 8.25 A. M., the next day, digital compression was discontinued, and the tumor found to be firm, and contracted to one-half its original size, perfectly circumscribed, and without the slightest pulsation. From this time to Wednesday, February 14th, the history of the patient's condition is described in full—nothing of moment occurring except an attack of erysipelas, from which he happily recovered. On the last-mentioned date he was allowed to return to his home in New Haven.

The speaker here gives a *résumé* of the treatment, and subsequent to a careful discussion as to how the cure is wrought by the method delineated, concludes that the process of cure depends, first, upon the blood-clot within the sac of sufficient stability to obstruct the arterial flood; and second, and more especially,

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upon the obliteration of the vessel by the formation of a fibro-cellular plug within the tube.

In conclusion the speaker read a letter from Dr. Cresaund, who had the case in charge while in this city, in which the following facts are noted : The patient, two days after his return to New Haven, developed symptoms of gangrene, and died four days subsequently, although every possible effort was put forth to prevent the fatal issue. At the autopsy the aneurism was found to contain three thick layers of fibrine, and a soft clot in the centre, about one and a half inches in diameter. The clot in the femoral artery just above the aneurism had become entirely organized into tissue. The specimen exhibited by Dr. Dorman beautifully portrayed each of the points cited.

By vote of the Society the time was extended, and *Dr. Minor* read a paper on "Sectarian Fellowship,"* in which, after noting and discussing at some length many of the topics which have of late greatly agitated the professional ranks, he concludes as follows :

"This brings me finally to the ethical problem as it stands at present. That the present discussion of the code of ethics is in the nature of a rebellion against antiquated prejudices and a policy of intolerance ; that it is founded on an assertion of the broad principle that liberty of opinion and action is the right of every educated physician—is evident to those who appreciate the issues involved. The question of consultations with homœopaths is a mere incident in the discussion, and should not be allowed to hide the broader principle upon which it rests. No matter what position is finally assumed on this question by the old school, one important feature is already developed in the practical assertion of a liberal sentiment, of an unprejudiced mind, and of professional courtesy as the characteristic of many who have hitherto been misrepresented by the policy of a dominant faction. Against such it will be impossible to bring the old charges of prejudice and intolerance, and hence a very important feature of all past controversies on the subject of homœopathy will be eliminated

*N. Y. Med. Times. May, 1883.

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from future discussions. Homœopathy must depend, in the future, not on the easy defense that is possible against indiscriminate assault, but upon the results of sober investigation at the hands of those who will examine its claims and test its merits with impartial minds, not in the spirit of destructive criticism, but with the honest purpose of getting at the truth. So far as I can judge of the general drift of professional opinion, the current is tending away from narrow channels and out into a broader expanse, where there is room for all that is honest in purpose or effort. I look for no millennium of harmony—for experience will differ and opinions will clash forever—but I look for more rational methods of inquiry, for truer conceptions of professional rights, for less of cant and more of justice, as the natural outgrowth of a sentiment that is widespread in the profession, and is not confined to any school nor represented by any organization."

Stated meeting, May 8, 1883.

President Minor in the chair.

The first paper of the evening was read by *Dr. Norton*, on "Ice in the Treatment of Diseases of the Eye." *

In the way of introduction, the speaker, while adverting to the great utility of ice as an external application in inflammatory diseases of the eye, wishes it to be distinctly understood that he would by no means discountenance all other topical measures, for the reason that many are found to be of the greatest service, and some of them absolutely necessary under certain conditions.

He notes two methods of applying the ice. In the adoption of the first there are requisite a large piece of ice, six inches or more square, and three or more compresses of old muslin or soft linen, folded three or four times, and of a size sufficient to cover the eye. These should be placed upon the ice by the side of the patient.

One of the iced compresses is then to be laid upon the eye, and in from one to three minutes the second should take its place. In this way, by rapidly changing the compresses, a high and equable

* Trans. Am. Hom. O. and O. Society. 1883.

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degree of cold may be maintained. This procedure may of course be carried out by the patient; but it is always preferable, and in many instances an absolute necessity, to have it managed by an attendant.

The second method is employed through the medium of rubber bags containing cracked ice. These receptacles should be about three inches in diameter, and of variable length, said length depending upon the indications as to whether the application is to be made to one or both eyes. After the bag has been nearly filled with the ice—finely cracked—it should be covered with a towel, and either placed upon the eye or upon the pillow, and the patient directed to bring the eye in contact with it. In the application of extreme cold to the eye, it is of the utmost importance to have it continued without intermissions until either the desired result is obtained or we wish to discontinue it entirely. The period of application may vary from twelve hours to six or seven days. Clinically regarded, the chief sphere of action is to prevent or abort the various forms of inflammation, and this end can only be attained by its constant use, any intermission invariably tending to an aggravation of the disease.

The speaker now describes in detail the indications for the employment of ice—and considers, first, cellulitis orbitæ. During the early stages of this disease, and especially when its origin is traumatic, the application of ice may be productive of the greatest benefit. But later on, when pus-formation has begun, warm applications must at once be substituted.

In dacrocystitis the disease-processes may be frequently aborted by the early use of ice-compresses. An illustrative case is cited. In this form of inflammation preference is given to the first method described.

In blenorrhœa of the lachrymal sac the employment of ice is not indicated.

Œdema palpebræ, when uncomplicated, or even when it is only a symptom of deeper and more serious lesions, will usually subside when extreme cold is applied, unless it is dependent upon suppurative inflammation of the eye or its appendages.

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Blepharitis acuta, whether circumscribed or diffused, if seen at the outset, will frequently yield to the systematic use of ice.

In the treatment of cases of conjunctivitis, cold applications will prove efficacious in the highest degree, provided the inflammation is found to be independent of corneal or iritic diseases. In the simple form it is nearly always indicated, particularly when any chemosis exists. Should patients complain of the cold, warm applications must be substituted.

The inflammatory stage of purulent conjunctivitis frequently yields at once to the ice-compress. So, also, in the beginning of the diphtheritic and croupous variety. In no form of inflammation of the conjunctiva do we so often require the employment of ice than in acute trachoma or in the acute aggravations of old chronic cases. The speaker here cites an interesting case illustrating the benefit of this form of treatment.

Cold is not applicable to phlyctenular conjunctivitis, unless possibly prior to the period of exudation.

When inflammation invades the cornea, it usually becomes purulent, or is accompanied by destruction of tissue. In this class of cases, cold should be avoided. The one exception to this rule is to be found in pannus, particularly when it results from granular lids. Here the use of ice is frequently followed by a satisfactory issue.

Only warmth should be employed in iritis, except in the first stage of the traumatic variety. The deeper forms of intra-ocular diseases are rarely, if ever, benefited by the use of ice, unless they result from an injury.

The speaker divides traumatic inflammations into two classes: the first comprising those following injuries proper; and the second, those resulting from operations. In the first class, wounds of the lids, particularly if severe, wounds of the eye-ball, rupture of the cornea, with prolapse of the iris, and hemorrhage into the anterior chambers, and injury to the lens, when managed in accordance with the methods described above, are frequently brought to a most satisfactory issue, for the reason that in just such cases the ice applications will prevent the inflammation which, if left to itself, so often destroys the eye.

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In the consideration of the second class, the speaker remarks that cold applications are needed only after severe or complicated operations—as, for instance, in advancement of the ocular muscles (illustrated by a case); in simple iridectomy; and in uncomplicated cataract extraction, where there is a pronounced tendency to inflammation; excessive hemorrhage into the vitreous (illustrated by a case); and, finally in complicated cataract extraction (also illustrated by a case).

In the discussion that followed, *Dr. Searle* remarked that he was under the impression that long-continued application of cold to any structure was apt to induce more or less pain.

Dr. Norton said that such might possibly be the case; but his experience had taught him to believe that when the cold applications were conducted, in the treatment of diseases of the eye, in accordance with the methods described in his paper, such result might be avoided.

Dr. Searle inquired as to the different effects produced by hot and cold applications.

Dr. Norton replied that the former, when employed subsequent to operative procedures, will usually induce suppuration. There is no danger to be apprehended, in the way of disturbance to the wound, from laying the eye upon the ice-pillow. Inasmuch as the ice-bags are partially filled with air, they might easily be regarded as air-bags, possessing the power of comfortably adapting themselves to inequalities of surface, etc.

The second paper of the evening was read by *Dr. Beebe*, on "Primary Cancer of the Trachea, with a Case."

The patient, male, fifty-four years old, consulted the speaker on December 19, 1881. Prior to November 7, 1880, his health had been perfect. On that date he caught a severe "cold," which was allowed to run its own course during the subsequent two weeks. At the end of this time his voice became extinct, and he came under the care of his family physician. From this time to December 19, 1881, his condition became progressively worse, notwithstanding the fact of his having on different occasions consulted as many different physicians, most of them prominent

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laryngologists, whose nearly unanimous opinion was, that he was suffering from paralysis of the right vocal cord, due to pressure exerted by an intra-thoracic tumor, probably aneurismal in character.

On the day he came under the speaker's observation, a thorough laryngoscopic and physical examination was made, with the result of eliciting the following condition in brief: First, paralysis of abduction and adduction of the right vocal cord; second, constriction of the trachea at its middle and lower thirds, produced by bulging inward of its walls on their posterior and right lateral aspects; third, negative pulmonary and cardiac signs.

A minute and exhaustive description of the objective and subjective manifestations is here given, and from their consideration are deduced the following conclusions: First, that the tracheal stenosis at the middle and lower thirds was due to the narrowing of the tube-calibre in consequence of the presence of some abnormity, which exerted pressure from without or within; second, that the paresis of the right vocal cord was probably dependent upon said abnormity; and, third, that it was impossible to arrive at any definite conclusions as to the condition of the intra-thoracic structures.

Certainly the most careful and exhaustive investigation failed utterly to verify the aneurism theory; while, on the other hand, the symptoms, as given, inclined the speaker very strongly to regard the lesion as located in the structure of the trachea itself, and to be probably cancerous in character. Said opinion was stated to the family of the patient, and the difficulty of arriving at a definite conclusion fully explained. From this time to his death—which occurred on the first of April, 1882—the patient remained under observation, and the details of his history covering this period, together with the study of the different features of interest, are presented in the paper.

Autopsical examination and the microscope confirmed the diagnosis of primary tracheal cancer.

The speaker here enters into a consideration of the literature of the subject, enumerating some fifty authorities that had been

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consulted in the preparation of the paper. Mention of the lesion is made in only six instances, and only nine authenticated cases have been placed on record, viz., one by Mackenzie, one by Langhans, one by Labourin, one by Oulmont, one by Morra, one by Koch, two by Schrötter, and one by Fischer; the case described by the author makes the tenth.

The histories of all these cases, with the exception of Morra's —to the original description of which the speaker did not have

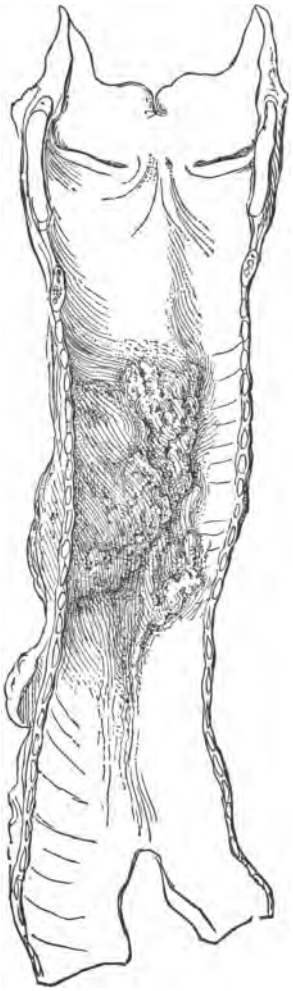

FIG. 1.

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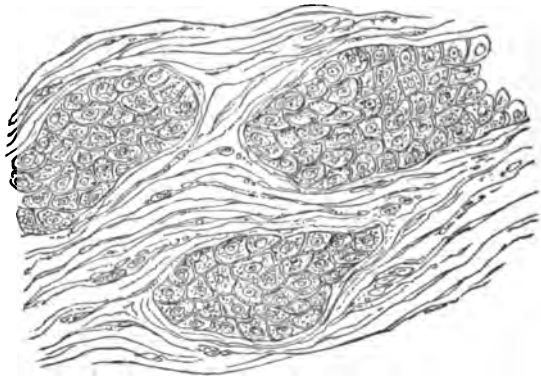

FIG. 2.

access—are given in detail, as are also the references to the disease made by Cohen, Mackenzie, and Riegel.

In brief, the paper presents a complete history of primary cancer of the trachea to date.

Figs. 1 and 2, representing very accurately the specimen *in situ* and the microscopic image, taken from the speaker's case, were exhibited.

Dr. Schley presented the unopened trachea and œsophagus removed from one of his patients who was supposed to have died from phthisis. There was almost complete occlusion of the œsophagus.

The specimen was referred to Dr Dillow for examination.

Stated meeting, June 12, 1883.

Vice-President Lilienthal in the chair.

The first paper of the evening was read by *Dr. Baner*, on "An Unique Case."*

The patient, a gentleman fifty-nine years old, of fine physique and full habit, had enjoyed few respites for many years from immense responsibilities and exacting social duties. In 1879 he had suffered from an attack, similar in many particulars to the one described by the speaker, during which large quantities of strychnia had been administered to him. On March 11, 1883,

* N. Y. Med. Times. August, 1883.

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his condition, in brief, was as follows: Stiffness and soreness of all the trunk-muscles, aggravated by motion but not by manipulation; efforts to cough attended by the most exquisite suffering. These symptoms obtained for three days, when the patient complained of spasms of pain, apparently originating in the spine and extending to the median line in front. The pain would sometimes traverse one side, sometimes the other, and more often both sides at once, with a superior limit at the clavicular region and an inferior at the pubic.

At first these so-called spasms came on just as the patient had nearly lost himself in sleep, and, resembling an electric discharge, would induce instantaneous contraction of the abdominal muscles, but never of the thoracic. Both pain and contraction would immediately disappear, leaving behind the stiffness and soreness noted above. Said explosions presented various grades of severity, and for a few days were confined to the night-time. They soon, however, came on during the day, particularly when an attempt was made to sleep in the dorsal decubitus. During the first three weeks the patient was almost continuously bathed in an acid perspiration. Subsequently the perspiration became periodical, occurring at about 6 P. M. and 5 A. M., whether asleep or awake, without any immediate or exciting cause, and lasting only a few moments. A prominent feature was a distressing cough, worse in the evening, and attended frequently by both the pain-explosions and an increase in the stiffness and soreness. An eruption, resembling herpes zoster, covered the painful regions for a greater part of the time. There was considerable difficulty in gaining the upright position; but, when once accomplished, locomotion was easy. The appetite, at first excellent, soon became impaired, and milk combined with pulverized charcoal, in the proportions of a teaspoonful of the latter in a pint of the former, constituted the chief article of diet. There were four points of tenderness discoverable. Extending from the crest of the ilium upward and obliquely inward for a distance of about four inches, there was a sore spot on either side, one at the lower third of the dorsal and one at the middle of the lumbar vertebræ.

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Careful urinary analysis revealed nothing abnormal. Temperature nearly normal; mental condition somewhat impaired. During the early part of the attack there existed some cephalalgia, which soon disappeared. The appearance of the tongue varied with the changes in the patient's condition. It would be clean and healthy looking, and in an hour would be coated with a dense white fur. Under treatment the gentleman has recovered sufficiently to go abroad.

With reference to the pathological interpretation of the symptoms, as presented, neurasthenia undoubtedly had an important part to play. As a consequence of the exhaustion of the vasomotor centres, by which the inhibitory functions had become impaired, there had resulted so-called spasms of spinal hyperæmia, which were apparently temporarily relieved by the explosions of pain.

Legros and Onimus, from certain experiments instituted by them in 1866, formulated the conclusions that the morbid process in chorea is located in the cells of the posterior gray horns, or in the fibres which connect these cells with the large motor cells of the anterior horns.

Accordingly, if irritation of both posterior and anterior columns of the cord results in painful spasmodic action in certain definite regions of the trunk and limbs, is there not ground for the inference that the spasms of pain in this case were of spinal origin, and caused by hyperæmia? This condition was unquestionably superinduced by the enormous quantities of strychnia ingested during the previous illness, already noted. That strychnia *will* produce hyperæmia of the cord, and consequent tetanic spasms, is well established. Spinal anæmia the speaker eliminates from the diagnosis, for the reason that Brown-Séquard's experiments demonstrate that this lesion never produces convulsive movements of any kind.

Myelitis is also eliminated, because of the absence of its characteristic symptoms in the case narrated.

The same conclusion was reached regarding meningitis spinalis, sclerosis of either of the columns of the cord, myelomalacia, and

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any of the more chronic or degenerative conditions of the cord. Arthritic and muscular rheumatism need not be considered in forming a diagnosis, although the latter variety certainly presents many manifestations similar in character to those connected with the case described.

The soreness and stiffness the speaker attributes to nervous irradiation, by which pain in a large nerve-trunk may be diffused to all the fine nerve branches with which it may be anatomically connected, and by which sensations of all kinds may be spread over a large muscular surface.

A consideration of the above points accordingly necessitates the adoption of the conclusion that the lesion was hyperæmia of the cord, and possibly of its meninges, and some of the sheaths of the spinal nerves, of a transient and spasmodic character.

"But before we can fully comprehend the genesis and gradual development of the pathology and symptomatology of such a case as this," remarked the speaker, "we must have much more searching and trustworthy histological studies of the diseased spinal cord than we now possess. I have merely hinted at some of the many points which will occur to you. I can only hope that some of the Fellows of this Society will be able, from experience in somewhat similar cases, to throw some new light upon this complex case."

In the discussion that ensued, *Dr. Lilienthal* inquired regarding the periodicity of the paroxysms, and *Dr. Hallock* regarding the effect of muscular movement while in bed.

Dr. McMurray was of the opinion that the author of the paper entertained the correct view of his patient's condition. The strychnia exerted an unquestionable influence upon the production of the lesion described. The patient had been examined by a distinguished diagnostician of this city, who pronounced the disease to be myalgia coupled with neuralgia.

Dr. Baner remarked that the two remedies which proved most efficacious in the management of the case were actæa racemosa and gelsemium sempervirens.

Dr. Searle referred to the use of belladonna in lesions of the spinal cord, but did not appreciate its applicability.

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Dr. Hallock related the history of a young girl who stumbled in leaving a street-car. She was at once taken into a house near by, where she was compelled to remain for one week. She was then sent home, and for one year her condition necessitated her assuming an upright sitting position, the slightest movement of even the hand inducing the most excruciating pain. She is now recovering her health.

Dr. McMurray described the case of a girl who was taken ill, about a year ago, with some severe form of spinal hyperæsthesia, which confined her in bed for about four months. She is now better, and has been taken into the country. The remedy administered was gelsemium.

Dr. Searle mentioned several forms of coca, some one of which might be applicable in such cases.

Dr. Lilienthal discussed the efficacy of calabar-bean in a case of strychnia poisoning.

Dr. Dillow then read the second paper of the evening, on "The Comparative Merits of Leading Tests for Albumen." *

In introducing his topic, the speaker remarks that the limitations of old albumen-tests have not been explicitly defined in the books, and new aspirants have arisen within the past year claiming superiority over the old methods and each other. In England especially the so-called new tests have aroused great interest, partly by the eminence of their advocates, and partly by their intrinsic value. As the subject is of fresh interest, and he has experimented with the view of satisfying himself, he ventures to think that a paper on the above topic might prove acceptable.

For clinical purposes the question relative to the various modifications of albumen, such as syntonin, casein, and the like, need not be introduced. To enter upon elaborate remarks regarding these forms would obscure the point to be kept in mind. Paraglobulin is the only known modification peculiar to albuminuria, and this is found in amyloid disease of the kidney, but does not respond to the tests in question. To detect with certainty albumen in its minutest quantity, however masked, and not

* Hahnemannian Monthly. November, 1883.

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to confound it with other constituents having a different significance, is all the practitioner now needs.

It is necessary to premise, for reasons given by the speaker, that experiments performed with egg albumen are not conclusive as to the value of tests, nor does the serum albumen of blood diluted with water afford a sufficient criterion. All the speaker's experiments have been conducted with urine naturally albuminous, and they have fairly covered the field of albuminuria from many causes and representing many conditions of urine. Collectively they number 150, whose records he has kept, besides comparative experience with the heat and Heller's method in several hundred others not recorded. In selecting tests, the speaker has chosen only such of the old as are considered by common consent the best, and such of the new as are most prominently seeking favor. As a matter of interest he also introduces one of his own.

In testing the methods of writers, the endeavor has been made throughout to faithfully follow their descriptions of procedure. The limit of sensitiveness has been ascertained by successive dilutions with Croton-water in glass vessels graduated to cubic millimetres.

Heller's nitric-acid test has been used as the standard of comparison, the quantity being estimated in all cases by Roberts' dilution method. In testing, only full daylight has been employed, the test-tube being held before a black cloth tacked across the pane, so that the light might fall obliquely upon the portion of fluid whose turbidity is to be determined. The speaker regards a rubber-bulbed pipette as an essential to delicate testing, and gives his reasons therefor.

In order to thoroughly understand the merits of new tests, it will be necessary to first consider the limitations of those commonly relied upon.

I. Heat with Acid Test.

Under the most favorable conditions this test has a delicacy of about 1-150 of one per cent. Ordinarily it requires more precaution than other tests. Some of the features which render the test uncertain are the following, in brief: It makes a marked

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difference whether the acid be added before or after boiling. The urine may contain either too much or too little acid to allow coagulation. Bacteria and mucus in excess will modify the results. If ammoniacal decomposition has occurred, or from other cause carbonates are present, the evolution of carbon dioxide gas obscures discrimination. Such urines may be clarified; but then comes in the necessity of acidulating just enough, requiring care and nice treatment. There is one variety of urine in which heat alone, without acid, is very valuable. As phosphates are only thrown down by boiling in alkaline, amphoteric, and weakly acid urine, a turbidity occurring in heating urine, very acid, *per se*, is very significant. In highly acid urine containing deposits of urates, the speaker has observed, many times, that boiling will indicate albumen when Heller's nitric-acid test, ordinarily twice as delicate, does not react, but when other tests confirm. And if to such urine, after producing the cloud by heat, a drop or two of acetic or nitric acid be added, an albumen precipitate may promptly disappear. As this phenomenon is nowhere mentioned, the speaker describes, in detail, a case perfectly illustrating its peculiarities, and deduces the conclusion from it that there can be no doubt that albuminuria from severe croupous nephritis may occur in which a modified albumen, easily soluble in acids, may be precipitated by heat, and in which delicate acid tests fail to react.

II. Heller's Nitric-acid Method.

Nitric acid, cold or boiling, will dissolve one-third of one per cent. of albumen in urine—if it be added in equal volume and thoroughly intermingled—or it may be used cold, by proper methods, so as to discover 0.0034 of one per cent. within a minute. The best results are obtained by Heller's method, as described by Neubauer and Vogel.

If the urine be clear, nitric acid is poured into a test-tube to the depth of half an inch, and the urine is then allowed to trickle *very* gently down the side of the tube, which is held at an angle of forty-five degrees or more, thus forming a stratum of urine above and a stratum of the acid below. If there be no intermingling

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of the two layers—and the tube is held before a dark background so that the light may fall obliquely upon the junction-line—albumen, if it be present, will evidence itself by a white line or band at the junction within forty-five seconds, provided its percentage is not below 0.0034 of one per cent.

An excess of urates and the presence of resins may afford two sources of mistake. Regarding the former, differentiation between them and albumen may always be easily made, if it be remembered—first, that the urates in excess produce a more undefined cloudiness above the point of junction, and not a solid, opaque whiteness; and, second, that heat dissipates them, but not so the albumen. Should resins be suspected, a few drops of alcohol will settle the question by causing the resinous, but not the albuminous, band to disappear.

The albumen band has been described as white. Sometimes it is tinged by various coloring matters, which the speaker cites. The ring has always opacity, however, with sharply defined boundaries, which is not the case where coloring matters are alone present.

Thus the detection of albumen with nitric acid is exceedingly simple in transparent urine; but in turbid urine it is not so simple. To render such urine clear, the speaker employs Hoffman and Ultzmann's plan of adding to it one-fourth its volume of potassium-hydrate solution. Should this fail to accomplish the desired result, one or two drops of the magnesian fluid is added. The formulas for these preparations are given. The albumen reaction now becomes beautifully precise. This test enables one to approximate the quantity of albumen; and the speaker describes the *modus operandi* in detail. After dwelling at some length upon the value of this test, the speaker remarks, that we now pass to the new tests arranged in what we believe to be the inverse order of their value.

I. Roberts' Acidulated Brine.

The test-fluid consists of a saturated solution of common salt containing 1-20th its volume of dilute hydrochloric or other mineral acid. It is employed in the same manner as nitric acid—

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that is, the reagent is overlaid by urine—a white zone forming at the junction if there be albumen. The author claims for it superiority over nitric acid, in that it is more delicate, that it is not affected by coloring matter, and that it does not form a cloudiness with urates. Like nitric acid, however, he states that it reacts with resins, and that, unlike nitric acid, it reacts with the peptones.

The speaker's experience, founded on careful experimentation, induces him to regard the test as inferior, and hence superfluous.

II. Ferrocyanide of Potassium Test-Method.

A saturated solution of potassium ferrocyanide is first poured into the test-tube; a strong solution of citric acid (3 to 5) is then added to the reagent, and the reagent then overlaid by the urine in the manner previously described. A white ring at the junction will indicate the presence of albumen. For reasons given, the speaker concludes that it has no especial advantage, except that it does not react with the resins. He accordingly can see no need for its adoption.

III. Chromic Acid.

As albumen is precipitated by the addition of chromic acid to urine—for the purpose of preserving it for microscopic examination—it occurred to the speaker that a one per cent. solution, employed after Heller's ring method, might prove a good albumen test. Experiment not only proved the soundness of the opinion, but also that the test possesses twice the delicacy of nitric acid and ferrocyanide of potassium, and is therefore four times more delicate than heat with acid and Roberts' brine tests.

IV. The Picric Acid Test.

The urine, first poured into a test-tube, is acidulated with either acetic or citric acid, and is then overlaid with a saturated solution of picric acid to the depth of about half an inch. The ordinary white zone then appears ascending in the acid. No objection is made to the test on the grounds of certainty and delicacy. But it shows a similar ring with urates, peptones, mucus, and oleo-resins. Then, too, the test is of slight use in approximating the quantity of albumen.

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V. Tauret's Test.

Potassio-mercuric iodide, first introduced by Tauret, of Troyes, in 1873, and subsequently ignored until reintroduced by Dr. Guy Neville Stephen, has proved in the speaker's experience the most reliable, convenient, and delicate test, and furnishes, besides, a means of rapid estimate by the depths of the coagulum, surpassing heat, and for exact volumetric analysis it is more convenient than Fehling's method for sugar.

The qualitative test is thus performed: the urine is first strongly acidulated with acetic or citric acid. The test solution of the double iodide is then added drop by drop, and if albumen be present a coagulum will appear, such as is noted in the heat and acid test, ranging from the faintest opalescent turbidity up to a thick flocculence, according to the quantity of albumen. Certain precautions are necessary; but, practically, if the urine be first thoroughly acidulated, and if, in the rare cases, where the alkaloids and peptones may be suspected, heat be employed, there will be no source of fallacy. The speaker here enters into a careful consideration of the many particulars in which this test is superior to others commonly employed, and concludes this division of his subject by presenting the following description of Mr. Stephen's method of volumetric estimate:

"Take 10 c. ctm. of urine and 2 c. ctm. of acetic acid, and stir with a glass rod; then add the precipitating solution drop by drop, stirring carefully each time, until the precipitate is no longer resolved in the albumen in excess—*i. e.*, as yet unaffected by the reagent; then, after each drop of the solution, put a drop of the urine on a porcelain dish, and watch if a yellowish-red color appears on adding a minute drop of the confirmatory solution (hydrarg. chlor. cor., 1 gramme; aquæ dest., 100 c. ctm.). As soon as it does, all the albumen is precipitated, and the process is finished; and the amount of albumen per litre will be at once arrived at by taking the number of drops employed of the precipitating solution, subtracting 3, as having been used in excess, to make the yellow color perfectly clear, and then considering the rest as so many half-grammes." That is, if 13 drops of the

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precipitating solution have been employed, there are 10 half-grammes, or 5 grammes, of albumen per litre of urine. In the above description it has been taken for granted that the tester will employ a pipette whose drops of the solution will contain 0.05 c. ctm.

The speaker now presents a thorough and minute recapitulation of the foregoing, and arrives at the general conclusion that, from a somewhat extended experience in albumen testing, it is necessary for every one to be always wary, that no test covers the entire field; and that, therefore, the test of Tauret, when the reaction is only very slightly hazy, should be confirmed by picric or chromic acids; when slightly cloudy, by nitric acid or ferrocyanide of potassium; when decidedly turbid, by heat with acid; and that, under any degree of reaction, highly acid urines depositing urates should always be tested with heat alone. Finally, good daylight and a black background are essentials for delicate testing. The paper is brought to a termination by a brief consideration of the practical value of detecting the very minutest trace of albumen, two interesting cases being adduced in illustration.

Stated meeting, October 12, 1883.

President Minor in the chair.

In the absence of formal papers, the President requested the citation of interesting clinical cases.

Dr. Lilienthal accordingly presented for the consideration of the Fellows the following history of a case of supposed chorea. The patient was a boy, eleven years old, good student, with an abundance of will power. Articulation was attended with no difficulty. Had never suffered from rheumatism or endo-carditis. Tongue evidenced spasmodic action, followed by a gurgling sound in the throat. At times there would be involuntary twitching of the eyelids and lips. No spasm of extremities. The attack would come on as soon as an attempt to fall asleep was made; but the moment this was accomplished, there would be no further trouble. The severity of the spasm would vary under different conditions. In the way of medication the speaker had

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employed arsenic, zinc, cold-water ablutions, electricity, and other remedies, but without satisfactory issue. A thorough investigation into different authorities afforded no solution to the problem. Several physicians had examined the patient, and pronounced the condition to be chorea; but the speaker could not agree with them, for the reason that, in his estimation, neither the boy's antecedent history nor the symptoms manifested at the present time could possibly warrant the assumption of such an opinion.

The case was certainly a strange one, and he was anxious to elicit discussion concerning it.

Dr. Searle regarded the case as one of what is termed by Mitchell, "habit chorea." This designation is a good one, and may, with perfect propriety, be applied to just such manifestations as have been described. We are all creatures of habit, not only in the abstract, but each organ in the human economy becomes habituated to the performance of certain functions. In illustration, he regarded constipation, enuresis, and the like, as largely habits. One of his patients, a child in his second summer, returned from the country completely worn out. During the day there would be no trouble—he seemed perfectly well—but just as soon as the night was commenced it was impossible to induce him to go to sleep. A physician was consulted, and the advice given for the boy to be kept awake all day. The experiment was tried, but to no avail. The speaker then administered ten (10) grains of the sodium bromide for three successive nights, with the result of promoting sleep at the proper time, not only while the child was under the influence of the drug, but also subsequently after the medicine had been discontinued. Another patient, a lady, was unfortunately an eye-witness of her husband's death by railroad accident. After a time her physical and mental condition became greatly depreciated, seemingly without cause. It was soon ascertained, however, that the moment she would fall asleep her mind would dwell upon the catastrophe and all its details would pass in review before her. She would awaken, and again drop into a doze, with a repetition of the same experience. This would recur night after night, and the natural result was as above

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noted. Large doses of opium were prescribed, and the patient experienced complete and permanent relief. A third patient, suffering from migraine, illustrated the truth of the opinion advanced. Reference has already been made to this case at a previous meeting of this Society. He was sent to Europe, and, while there, the paroxysms ceased, but immediately recurred on his return to this country with the resumption of his old habits and surroundings. Medicine seemed to possess little or no efficacy. He was sent to Texas in the charge of a trainer, and the habit was effectually broken, as the paroxysms now occur only once during the year. The speaker's practice, in the management of habitual constipation, is to administer a mild cathartic on three successive nights ; then, after allowing an interval to elapse, to begin again. The results are generally very satisfactory. In the instance of the case described by *Dr. Lilienthal*, he would suggest the exhibition of the sodium bromide and chloral hydrate in combination, for several nights, until the desired relief is obtained. The adoption of this plan, he felt confident, would prove successful in the end.

Dr. Moffat inquired if the spasms would occur in Dr. Lilienthal's case during the day.

Dr. Lilienthal replied they would not. He regarded the plan suggested by Dr. Searle with approval, and, after testing its efficacy, will report results at some future meeting.

The next topic for discussion was "Typhoid Fever," and the President said, in presenting it, that several cases of the disease had recently come under his own observation, and, while they afforded abundant interest to himself, he was desirous of eliciting from the Fellows their opinions regarding the management of the disease.

One case in particular, which had just terminated fatally, offered many features of interest. The symptoms were at no time sufficiently pronounced in character to excite alarm. There was no iliac tenderness, none of the customary gurgling, and no diarrhœa until the last day, when, just as dissolution commenced, there was a gush of fluid, followed by so-called nervous collapse.

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Hemorrhage was altogether absent. The incipient stages presented the characteristic manifestations of ordinary malarial fever, with the one exception of febrile intermissions. The patient was confined in bed about two weeks. During the last five days there had existed almost complete unconsciousness. In cases of typhoid fever he had never experienced any great degree of confidence in internal medication.

He distinctly remembered four cases which occurred in his practice during the Centennial year. The first patient died on the third week from the beginning of the attack, with typhoid manifestations well marked. A fatal termination was reached in the second case during the fourth week. In the management of the third case, a gentleman, seventy-five years old, the speaker decided upon adopting a plan of treatment differing in many respects from that employed in the others described. Taking into consideration the high temperature, starvation, enteric ulceration, nervous collapse, cerebral effusion, etc., which are so often present in true typhoid, the speaker concluded that by devoting particular attention to, and in this way meeting, one danger, the others might be either lessened or altogether avoided. In the present instance the high temperature was reduced by baths of from 90 to 98 degrees, as soon as the body-thermometer indicated an elevation of 103 degrees. It was never allowed to rise to a higher point. The method pursued was as follows: The body temperature was first ascertained, and if it reached 103 degrees, the patient was at once immersed in the bath, and allowed to remain there until there was a fall of one degree. After removal, the temperature would continue to diminish for an hour. The patient would then be in a condition to take nourishment, usually consisting of milk and lime-water. Two indications were thus met, viz., the high temperature and the starvation. No medicine, *per se*, of any kind was administered during the entire attack, which lasted for twenty-one days. During the entire time the tongue remained moist. The patient recovered. The speaker subsequently tested the efficacy of the plan in three other cases, and they all recovered. Since then he has naturally entertained great confidence in the bath in the treatment of typhoid.

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Dr. Searle inquired whether cases of abdominal typhus had ever been known to exist which did not present post-mortem evidences of ulceration of Peyer's patches. He had always, until recently, been under the impression that ulceration was a necessary concomitant.

He had adopted the plan, suggested by the President, in one case, whose temperature, prior to the bath, reached 107 degrees. The patient recovered. The following question had often presented itself to his mind: In this disease, and in those of a similar nature, must we not look for the primary cause to specific poisoning? Can we anticipate curing—using the term with its literal meaning—our patient by eradicating the poison-germs? He had observed cases similar to those described by Dr. Minor, and one in particular was of especial interest on account of its severity and its rapid progress to a fatal termination. The patient was a young lady, robust, and seemingly in perfect health during the evening just before the beginning of the attack. On the following morning a violent chill supervened. From that time until death occurred there was not a particle of pain experienced. Hemorrhage set in, and death ensued, preceded by collapse due to nervous prostration. Medicines will certainly prove utterly inefficient to cure the typhoid poison. Regarding the water treatment, the speaker was in the habit of using the cot in preference to immersion in the bath, for the reason that in his opinion the former can be arranged much more easily, and with less danger of disturbing the patient, and thereby exhausting his vitality. With reference to the employment of baptisia internally, the speaker thought that the customary preparations were not of sufficient strength. The ordinary tincture should be replaced by either a decoction of the plant, as it is used in the West, by Keith's concentrated extract, or by the officinal fluid extract.

Dr. Lilienthal said that, in France, authorities regarded cold-water baths particularly adapted to soldiers and others in naturally robust condition. On the other hand, they thought it productive of positive harm to those whose systems are broken down and worn out from excesses. The bath is transferred to the bed-

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side, and is found to reduce the temperature and increase the appetite. Where quinine is administered, large doses, say from ten to twenty grains, will produce collapse; while smaller ones will not. Baptisia oftentimes proves of no use whatever. The fever has certainly to run its course. The speaker had little confidence in medicine, but a great deal in feeding, care, and the warm-water baths. Some patients will die no matter what plan of treatment may be adopted.

Dr. Minor thought the baths to be worthy of great confidence in all zymotic diseases, particularly scarlatina. Immersion he regards as preferable to the use of the cot, because by the former method the temperature can be much more easily regulated than by the latter. He was in the habit of using the cot in those cases in which the patient was too feeble to be placed in the tub; and when the cot *is* employed, he regards Kibbee's as the best adapted for the purpose. The temperature of the bath should be regulated by the feelings of the patient, who must be kept in it until the body temperature has been reduced one degree. As to the intervals between the immersions, everything depends upon the records of the thermometer. The mercury must never rise above 103 degrees. The patient should be placed in the water the moment this point is reached. As soon as he is removed, he should be placed in a chair that has been covered by a sheet, and enveloped in a blanket, thoroughly dried, and put in bed. When the baths are employed in scarlatina, the temperature of the water ought never to be less than 105 degrees; if the patient can endure 110 degrees, so much the better. The rule is to have the temperature of the water in excess of that of the patient. Cold water is then applied to the head. The immersion should only continue for ten minutes, and when the patient is removed, the surface of the body thoroughly oiled, and he is warmly wrapped up in bed, great relief is invariably experienced, and sleep becomes possible. Reduction of temperature occurs in this method, but not to such an extent or so certainly as in typhoid. The theory of said reduction the speaker did not attempt to explain. The baths he continues even through the progress of convales-

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cence; and he believes that in this way the sequelæ that are so often observed may, in a large measure, be avoided. For eight years he has followed this plan with so much success, that during that period he has not lost a case, and only two of his patients suffered from sequelæ—one having simple nephritis, and the other perforation of the left membrana tympani.

Dr. Hallock's experience in the treatment of typhoid induced him to reach the conclusion that, while it is impossible to arrest the progress of the disease, much good can be derived, in the way of preventing complications, from the use of properly indicated remedies. He was astonished at the large doses of quinine prescribed by members of the so-called old school. One patient, a gentleman, was taking thirty grains during the twenty-four hours for a regular tertian attack of fever. No benefit was experienced, however, after the lapse of two or three days. The large doses were then discontinued, and half-grain doses of the supersulphate substituted every three hours, with the result of checking the fever.

The discussion was closed at this point.

Dr. Wilcox then described in brief a case of phthisis pulmonalis complicated by fistula-in-ano. The fistula was operated upon by ligature, and it was noted that the pulmonary condition became greatly aggravated by its closure. As long as it remained patent the pulmonary condition improved.

Dr. Minor said that an experience like that just mentioned perfectly illustrated the soundness of the ancient doctrine, that whenever lung tissue is diseased, fistula should never be closed by operation.

Dr. Norton referred to the importance of the dependence of migraine upon errors of refraction, and adduced, in the way of illustration, the history of a young man who had been subjected to a great variety of plans of treatment, with little or no beneficial result. It was discovered that using the eyes always aggravated the head trouble. Weak convex glasses were prescribed for near vision. No relief followed. The speaker instituted a thorough examination, and found normal vision. Atropine was instilled,

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and a slight degree of astigmatism was discovered. A concave 50 cylindrical glass was accordingly prescribed, with the result of relieving the headache within two weeks. Discontinuing the use of the glasses would invariably be followed by a recurrence of the pain. The same thing occurred in the case of a young girl who was compelled to absent herself from school in consequence of headache. Accommodation was paralyzed by atropine, and she was found to present hyperopic astigmatism. Convex 144 cylindrical glass was prescribed, with the result of affording immediate relief. Still another patient was afflicted with headache for three years. Weak convex 50 produced no amelioration of her condition. There was nearly perfect vision. Concave 72 cylindrical relieved the astigmatism. Subsequent to paralysis of accommodation, hyperopic astigmatism was discovered, and convex 72 cylindrical was substituted, with satisfactory results. Headaches are very frequently caused by very slight and seemingly unimportant errors in refraction, and in such cases the pain is usually aggravated by use of the eyes.

Dr. Moffat testified to the truth of the opinion. The ciliary muscles have to overcome errors in refraction, and thus become overworked and eventually worn out. Hence the cephalalgia.

Stated meeting, November 13, 1883.

President Minor in the chair.

In pursuance of the regular order, the President read the subjoined Annual Discourse on "Ethics and Education."

I.—Ethics.

The direct connection between Ethics and Education appears to be very clearly shown by the present controversy in the medical profession, in which the abolition of the old code of ethics forms the principal item of interest. It often happens, however, that during the active progress of a controversy, when the feeling of partisanship is at the highest pitch, there is an absence of a full appreciation of all the interests involved, and it is only when the smoke of battle has cleared away and the heat of

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discussion has cooled down somewhat, that the contestants begin to take in the full measure of what has been lost or won in the fight. At the present moment there seems to be a period in the ethical controversy when we may outline, in a general way at least, certain principles involved in the question, and may begin to look through and beyond the mere conflict of present opinion toward the new issues that open before the profession. And since the logical path to these questions of the future appears to lie directly through this ethical battle-field, I must accept the responsibility of following the example of my honored predecessor in office, in making another breach through the venerable custom that regards a President's address as one that should advance no serious opinions and provoke no criticism.

I wish to call your attention in the outset to the most prominent characteristic of the ethical controversy—one that gives it a singular aspect as compared with other controversies. I allude to the absence of any stated and definite principle upon which the issue rests. There is no lack of opinions as to the merits of the question, when the question is defined as a legal one; its professional aspect draws out an equal variety of opinion, and every participant in this widespread discussion that now divides the medical world has given the most emphatic utterances to his views. And yet, with all this emphasis of conviction and in the presence of the most earnest arguments on both sides, it is no sign of a want of appreciation or of deficient intelligence if we ask, What question is before the profession? What principle is at stake? We know that the old code of ethics is assailed and defended; that the question of consultations with homœopathic physicians is a prominent feature in the controversy; that one party supports the new code permitting such consultations, and is known as a liberal party; that the other party supports the old code forbidding such consultations, and is not known as a liberal party. So much is evident; but, after all, it seems hardly possible that so great a controversy could arise and divide the medical profession on a mere question of consultations, unless this question fairly represented some distinct principle that was involved,

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and whose final settlement was necessary in order to preserve the integrity of the profession.

To those who look upon this contest as more than a mere ripple of opinion disturbing the placid surface of professional thought, who regard the controversy as one that affects the character and interests of the profession in its most vital part, and for whom the movement contains a reflection of past issues and a promise of future development, the present agitation marks a period of evolution in medical history, while their opponents regard it merely as a revolution. And we shall acquire a more intelligent appreciation of the subject if we keep distinctly in mind the radical difference between an *evolution* and a *revolution*, for the former carries with it the idea of progressive development, while the latter involves the idea of change only. A movement based solely on a dissatisfaction with present circumstances, guided by no higher purpose than that provoked by a destructive criticism of existing affairs, is purely revolutionary, and may lead to a better or worse condition as chance may direct. If the movement, on the contrary, is founded on the intelligent recognition of certain principles whose operation promotes normal development, and whose action is obstructed by conditions that prevent their application, then the process of removing these obstructions is not revolutionary in character, but is part of an evolution that necessitates the destruction of whatever has become obsolete or detrimental, not in a blind spirit of nihilism that would leave the future to chance but for the purpose of substituting something better—something more in harmony with present needs and future demands.

From one point of view the liberal movement in favor of the new code may be considered merely as a revolution. This view has found expression in a demand for a new code of ethics in order that consultations may be held with homœopathic physicians without incurring the penalty of professional ostracism, and this demand is supported by the argument that the humane instincts of these liberal gentlemen compel them to rescue the lives of those in peril from homœopathic treatment, because the law of humanity is a higher law than the code.

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This position is open to two objections. First, it is assumed that a great demand exists for the services of these gentlemen as the advisers of homœopathic physicians. But no such demand exists, nor do homœopathic physicians seem to be aware of the fact that a pressing necessity has so suddenly arisen for the services of regular physicians among their patients, and it is a significant feature of this controversy, in which the question of consultations with homœopaths forms so prominent a factor, that homœopaths themselves have offered no comments and have taken no other part than that of disinterested spectators. The second objection lies in the use of the "humanitarian" argument, for, as applied to homœopathy, it not only places an unproved hypothesis in the place of facts, but, in its reflection upon the professional ability and personal character of homœopathic physicians, it is hardly in consonance with the idea that they can be very enthusiastic in their demand for professional association with those whose humanity so far exceeds their courtesy. Viewed from this standpoint, the present controversy dwindles to the insignificant proportions of a quarrel over a demand that has no existence; it involves nothing more liberal than a name and nothing more radical than a change in tactics. Its expressed relation to homœopathy lies in the idea that it can be more effectually smothered by an excess of kindness than by open warfare. This is a change of forms, but not of principles: it is revolution only.

I admit that this is the worst possible view that can be taken of the controversy; that it misrepresents the merits of the question and the motives of those who have been instrumental in bringing it to an issue; but it has found such facile expression before the profession and the public, that it provokes more notice perhaps than it deserves. I think we can well afford to turn aside from the personal acrimony of professional controversy, and base the discussion on the actual merits of measures rather than the relative merits of men, and I ask you to turn with me to a higher view, to contemplate a principle and its application, to measure the controversy by this standard and to study the

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movement as an evolution in the profession. The principle may be stated as follows: *Freedom of thought and action are professional rights that belong to every properly qualified physician.* And, first, as to the principle itself: we must appreciate that liberty is not license, that the freedom of which we speak is not the irresponsible action of a lunatic nor the reckless denial of professional obligations. On the contrary, the principle, as stated, recognizes a certain standard of qualification as necessary for the freedom of thought and action that are the professional rights of physicians. The freedom of thought depends on their ability to think, the freedom of action depends on their competency to act; the exercise of these privileges, therefore, is controlled by an educational provision, the proper qualification thus standing at the very threshold of the profession as a barrier against ignorance and incompetence, a guarantee that none shall enter it but those who are qualified to assume its responsibilities and exercise its privileges.

This principle is so radically opposed to the policy of the old code of ethics that it is impossible that both should be right If the principle is correct in its conformity to the spirit of the laws that create and sustain the profession, then the old code must be condemned as contrary to law. If the principle reflects the true professional spirit, by maintaining the professional right of physicians to the exercise of impartial judgment, to the reality of a liberal profession rather than the mere name of it, then the old code must be condemned as unprofessional.

In its conformity to law, the principle recognizes an educational qualification as the foundation of professional privilege. The profession exists as a factor in every civilized state, by virtue of the privileges conferred upon it by law. These privileges are legally acquired by the fulfillment of certain educational conditions that the law establishes for the protection of the public, as well as the profession, against ignorant and incompetent physicians. The law assumes that whoever comes up to the standard is qualified to practice, and competent to enter upon the responsibilities that practice brings. It is strict in its definition of what

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shall constitute a legal qualification; its evident purpose is to insure the fulfillment of the conditions that it has established as necessary for admission to the profession; but the law imposes no creed upon physicians, for it is evident that, if the physician is qualified and competent to enter the profession, he is qualified and competent to use his own judgment as to methods of practice. This is the very purpose for which he was educated, and it is because his profession requires him to exercise his judgment and individual opinion, because it is his professional duty, as well as his professional privilege, to be free in thought and action in these matters, that the law insists upon a special education as a necessary preliminary. Hence the law establishes no standard of medical orthodoxy, and recognizes no such crime as medical heresy. There was but one time in the history of medicine when a different spirit prevailed. It was among the ancient Egyptians that the rules of treatment were so strictly enforced, that, if a physician departed from these rules, he lost his own life, even though he saved that of his patient. Such is not the spirit of our laws, for they establish the profession and sustain it as a liberal one. They recognize that whoever undertakes its responsibilities must exercise the freedom of thought and action that a responsibility necessitates, and they give no support by letter or implication to the spirit of the old code in its practical assertion that competence, qualification, personal character, and professional privileges are suddenly lost, when a physician uses his individual judgment as to the merits of homœopathy or any other medical theory. The law stands in the same relation to the profession that the profession does to its ethics. The profession must conform to the spirit of the law, as the ethics must conform to the spirit of the profession. To ignore this logical order of dependence is irrational and absurd, and it is precisely this ignoring of the rational order of things that is so manifest in the effort to reduce the legal stature of the profession to the dimensions of its ethical rules, and in the attempt to force a liberal profession into the narrow limits of an illiberal code. It appears, then, that the principle of freedom of thought and action, as professional rights

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of properly qualified physicians, is consistent with the laws that create and sustain the profession. Since it is in harmony with the letter and spirit of the law, it is evident that it is just as positively at variance with the letter and spirit of the old code of ethics, and hence we must conclude that the code does not conform to the laws which created the profession, and that the profession which created the code is compelled either to alter the code, or to assume an attitude of hostility to the law by which alone it exists, and to the will of the people, of which the law is but the expression.

In its relation to the aims and objects of the profession, the principle stands as the expression of a liberal spirit as a necessary characteristic of the profession. We have an ideal calling. It brings us into the most perfect sympathy with suffering humanity, because it is our work to use every resource of art and science to relieve that suffering. Contending with all the means at our disposal against disease and vice, ignorance and crime, we realize that our profession stands for everything that is clean, healthy, intelligent and humane, and there is nothing we more sincerely regret than the limitation of our resources and our inability to do more effective work. Not one of us can stand in the presence of disease, fast changing into death, without feeling that the resources of our profession are all too small. As each desperate case of illness brings us face to face with problems that are yet unsolved, not one of us but is thankful for the liberal spirit that has made what knowledge we have a possibility and a common heritage, and who would impose a restriction upon the freedom of thought and action that is necessary for future additions to our knowledge? Could anything be more unprofessional in spirit, more at variance with the aims and objects of our profession, than an attempt to limit or restrict the investigations and efforts of those who seek to give us more efficient methods of dealing with our common foe? We may not accept every new-fledged opinion as deserving of confidence. We may regard many theories as unsupported by evidence or unconfirmed by experience. It is our privilege to reject whatever seems to us absurd or untenable,

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but it is not within the province of our privileges to pursue with intolerance and professional ostracism those who, being equally qualified with ourselves, have differed from us in the estimate they have formed of these things. We may not assume that those who differ from us in belief or practice are either knaves or fools, unless it is shown that their qualifications for the profession are inferior to our own, and that the results of their practice are so much worse than ours as to be dangerous to the public or disgraceful to the profession.

The true professional spirit is one that unites conservatism with liberality. Condemning nothing unheard, accepting nothing unproved, it provides expressly by its liberal character for that large domain of things that are, and for a long time must be, *sub judice.* As on Mars' Hill the Athenians of old, after defining their religious belief, so far as emblematic art could represent their theology, erected an altar to the Unknown God, so the true spirit of the profession, while holding to the accumulated experience of the past with all its defects and uncertainties, still reaches out for the unknown and erects its altar to the Future in Science. And if we worship at that shrine, can there be any sincere devotion in thrusting away our neighbor? Can we assume the attitude of a medical Pharisee, defend it by a code of ethics, and claim that we represent the liberal spirit of the profession? Is not this unlawful in its opposition to the policy of the State? Is it not unprofessional in its violation of the spirit of liberality? Is it not unwise in its adherence to the intolerance of the past as a guide to the uncertainties of the future?

We recognize the fact that medicine is far from being an exact science. It deals with so many topics, and each presents so many changing features, that we can never expect to unravel all its mysteries. But so far as exact science enters into our professional training, we accept and define the known from the problematical by standards of comparison that are established as true and accurate, and there is a regular and logical gradation of studies that leads from one subject to another until we reach the ultimate subject of the practice of medicine. So we base the study of

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physiology upon that of anatomy, because a knowledge of structure must precede a study of function. And because the investigation of morbid processes could not be pursued intelligently without a prior knowledge of normal structure and function, we recognize the necessity of placing anatomy and physiology in advance of pathology in the regular sequence of professional training. Thus one study serves as an introduction to the study that follows it, and each bears to its successor the relation of a standard for comparison—a measure of values. But when we come to the main object of all this professional study, the treatment of disease, this plain and logical sequence is practically ignored. If the same method of investigation obtained in determining the value of medical treatment, it would require, in the outset, a study of the course that diseases pursue when uninfluenced by any medical treatment. In other words, the natural history of each disease must be known and established, as a standard of comparison, before the actual value of any method of treatment can be determined. But no such standard of comparison exists, and hence we are unable to determine, with any degree of accuracy, the absolute value of contrasted methods of treatment, and even their relative values must remain unknown until we have marked out with some degree of precision the limits of that important factor, the unknown quantity in every medical problem, the *vis medicatrix naturæ.* Hence it comes that whatever may be the nature of our personal convictions, our very ignorance compels us to accept a liberal and tolerant spirit as a necessary characteristic of our profession.

It requires but a few steps in the examination of any medical topic to pass from positive knowledge to pure hypothesis, and the profession has suffered less from the presence of conflicting theories than from the absence of a fearless honesty that dares to distinguish with perfect candor between the known and the unknown in medicine. Eliminate from the present controversy, and from all medical controversies, whatever is based on mere assumption, whatever rests on pure hypothesis, admit nothing that is not supported by something more logical than mental impressions, or

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what we term "our convictions," and a dead calm would instantly fall upon the angry surface of our profession. The traditions of the past are characterized by the fact that imagination supplied the absence of positive knowledge. To a lesser degree the same characteristic applies to the medical theories of to-day, and will have its influence on those that follow after us. But this at least we may hope for, that with the growth of more rational methods of thought and practice, there will be a corresponding development of sober, conservative, and critical judgment, not influenced and directed by partisan motives, but animated by a sincere desire to distinguish the true from the false. This is not only our hope for the future, but our present duty, and while we can appreciate how intimately its success is connected with a higher standard of medical education, and with more perfect laws of professional qualification, we confess our inability to understand how intoler ance, as a professional policy, can act in any other way than as an obstruction to the calm investigation and impartial judgment that properly belong to professional matters.

Then if we find that the principle under consideration is a true expression of the liberal spirit of our calling, that it recognizes the defects of the past, the necessities of the present, and the demands of the future, as they affect the aims and objects of the medical profession, we must observe that it is impossible to admit the truth of this principle without condemning the policy of the old code of ethics as unprofessional.

Having thus outlined in a general way the principle at issue in the present conflict, we may turn for a moment to the controversy itself.

We may assume that as in all battles there is a preliminary skirmish, that serves to define the position of the opposing lines, so the present contest is useful, not in any relation that it bears to homœopathy, but as indicating the relation of the opposing parties to each other. And as, on the eve of battle, it is the privilege of veterans to recount the details of former wars, so we may be pardoned for recalling nearly a century of controversy, in which the subject of homœopathy served to define the policy of the

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large majority of the profession in medical politics and ethics. During all that time there was an uncompromising war against homœopathy, and the old code of ethics was relied upon as the destructive agent that was to annihilate the medical heresy. Under its operation, to consult with a homœopath was to be driven in disgrace from every society and to forfeit all professional standing and fellowship. To investigate homœopathy impartially, and to admit that it possessed any merits, was to incur the active hostility of every organization and to invite public abuse and insult. So bitter and intense was this feeling, that it permitted no consideration of private character or professional standing to interfere with its action, but was adopted as a settled and inflexible rule in all cases.

It might have been easily foreseen that so destructive an agent as this old code would prove a very dangerous weapon to handle, for the only way by which it could reach homœopathy was over the individual rights and professional privileges of the members of a liberal profession. Like a Chinese gun, it kicked and reared, and shot both ways, and injured friends and foes alike. In order to use this code, the profession was obliged to take its stand, fairly and squarely, on a record of intolerance as a professional policy. It was a criminal blunder, for in matters of belief the only safe blows that can be given are those that are so deadly in their effect that no recovery is possible, so that failure was unpardonable. In its professional relation, the subversion of freedom of thought and action, the rights that belong to every qualified physician, was a crime that was certain in time to come to judgment. It drew a line of demarcation through the ranks of the profession; the allopath was on one side, the homœopath was on the other side, and the physician was nowhere.

That controversy is finished, so far as the existence of homœopathy is concerned, for the policy failed to accomplish its purpose, and the heretical doctrine not only exists, but so far as organization, activity, professional development and public support count as evidence, it is impossible to ignore the fact that, with all its palpable faults, its position to-day is so strong as to defy any

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attack that can be made under the old code of ethics. Meantime the policy has not only failed to accomplish its purpose of annihilating homœopathy, it now threatens to annihilate those who have stood behind it. The time has come when this policy must be judged on its own merits, and not on those of homœopathy. There is no other issue than this before the profession. Homœopathy is not on trial. It can come into the controversy as a witness only. The criminal to be judged is the old code of ethics, and its crime is intolerance.

I assume that you are sufficiently familiar with the arguments of those who have supported this policy, and I need only recall the special words of the old code that have served its purpose. "No one," says the code, "can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession." This was aimed, of course, at homœopathy alone. That doctrine was expounded by Hahnemann as an exclusive dogma. It was a dogma of assertion and belief. It cannot be doubted that he asserted too much and believed too much, so that if we are to consider homœopathy as a medical heresy, the error consisted substantially in an excess of faith, a ritualism in medicine, with all its mystic accessories. But there are other dogmas than those of assertion, and other heresies than excess of faith. At the other extreme is medical infidelity. Instead of being, like homœopathy, a dogma of assertion, it may be aptly termed a dogma of denial. Its creed, as formulated by Holmes, runs in the words: "I firmly believe that if the whole Materia Medica, as now used, could be sunk in the bottom of the sea, it would be all the better for mankind—and all the worse for the fishes."

If the policy of the old code can be defended as necessary, in order to support the dignity of the profession against the assault of Hahnemann and his followers, why should these stalwart supporters of professional dignity be silent when the attack is made by Oliver Wendell Holmes and those who agree with him in their estimate of old-school therapeutics? Is it a more com-

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plete "rejection of the accumulated experience of the profession" to use it for the construction of an exclusive dogma in medicine, than to use it for fish-bait?

The only claim that any code of ethics has to our consideration lies in its expression of the teachings of the profession, as applied to the manners and professional relations of physicians. It assumes to be more than a mere book on etiquette, for it claims to represent the spirit of the profession in its highest sense, and to reflect that spirit as a guiding light upon the road that the physician pursues in his professional life. And since the law is not for the righteous, but for sinners, we may take it for granted that if a physician is fully imbued with the spirit of his profession he would need no such guide. Those who think for themselves, and are capable of serious thought, would certainly be apt to look to the profession itself for inspiration and guidance rather than to view it through the medium of a code of ethics, even though this code professes to be the outward and visible sign of the inward and spiritual graces of the profession. And if the professional man really appreciates the nature and objects of his calling, he cannot fail to see that there is a want of adaptation in the old code, that it does not conform in its utterances to the actual teachings of the profession, but that it misrepresents the profession. It is beyond dispute that medicine existed before the code, that the profession antedates and creates its ethics, that the ethics must be adapted to the profession, and not the profession to its ethics. A want of adaptation is a want of conformity to a necessary standard, and in the case of the ethical code it becomes a fault so serious as to be fatal to its authority, because it invalidates at once its representative character, so far as it claims to be a professional guide. It is with creeds as it is with clothes. There are large and small ones. One class of minds may find the full and liberal dimensions of a rational belief none too large, while another may regard the medical universe as bounded by the narrow confines of an exclusive dogma. But if we have to choose between extremes, an extremely liberal measure has this advantage—that it will embrace all classes and all sizes.

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One may then believe as much or as little as he chooses with perfect freedom, for it is one feature of large creeds that they never interfere with small beliefs. Now it appears to be certain that the ethical creed of the old code was a misfit, so far as the profession is concerned, and the attempt to reduce its noble character and liberal spirit to the narrow proportions of this ethical wardrobe was as inappropriate as it would be to represent Hercules in the inexpressible attire of a modern "dude." The profession is so grand in its proportions, so noble in its aspirations, and so liberal in character, that the man who enters it has every incentive to humanity, charity, and wisdom. But it is one thing for a man to enter the profession, and it is quite another thing for the profession to enter the man. And since the codification of ethics is merely the human expression of its teachings, it follows that these teachings will be tinged by the medium through which they pass. If this medium is colored by prejudice, intolerance, partisanship, jealousy—human faults that are foreign to the profession, and have nothing to do with its true purpose and character—we may expect, as a matter of course, that those who regard the light that filters through this medium as the true expression of professional sunlight, are either color-blind, or have never dared to look the sun in the face.

One more reference to this subject of the adaptation of the old code to the profession it assumes to represent. We may regard the profession as an organization whose members give their services for money, and thus earn their bread and butter. This is the feature of the calling that corresponds to a trade, and, if this were all, it would naturally be subject to the same laws and influences that obtain in all organized trade-societies. The reciprocal relation of employers and employed, the relations of the workman to his society and to his fellows, are all controlled by regulations that are known as the laws of a trades-union. If a bricklayer, for instance, finds that he can double the amount of his work or improve its quality by a departure from the old methods of bricklaying, the trades-union to which he belongs would interfere with the new departure from the established methods on the

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ground that it would tend to throw just so many men out of employment, to cheapen labor, and thus be a detriment to the bread-winning efficiency of the bricklayers' trade. Every builder would want the new man and his method, while old-fashioned bricklayers would go hungry for want of work. Therefore the policy of the trades-union would be enforced. The man would be warned to desist from his innovation, and, if he refused, would suffer the usual penalties. Expelled from his trade-society, avoided by his fellows, his method would be decried as absurd and unreliable, his character would be assailed, and he would incur the punishment of being "boycotted." Is it unfair to say that this policy represents precisely the spirit of the old code of ethics? But if homœopathy has any relation to the controversy, it comes into the case at just this point as a witness to the fact, and I submit that a code of ethics whose spirit is so perfectly adapted to the aims and objects of a trades-union cannot be in harmony with the aims and objects of the medical profession.

If the principle that I have advanced is correct, we may apply it to the old code of ethics as a standard of comparison; and, if we thus test its conformity to the law, its adaptation to the profession, or its agreement with the true spirit of our calling, it is impossible to draw any other conclusion than that in all these particulars the old code stands convicted of misrepresenting and degrading the profession.

Homœopathy should be entirely eliminated from the controversy, for it cannot be offered as an excuse for a violation of ethics nor as an apology for abrogating the rights and privileges that belong to every qualified member of the profession. There is only one rational method of dealing with the old code, and that is to let it stand or fall on its own merits, and not on those of homœopathy.

The verdict of the profession has already been given, and the old code has virtually ceased to exist. Candor compels us to regret our inability in this case to apply the old motto, *De mortuis nil nisi bonum.* The old code did not die from inanition. It seems but yesterday that it was full of life and vigor; to-day

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its lifeless body is on the dissecting-table, and we are holding a port-mortem examination of the remains. The cause of death was a very simple matter. It was not due to the evident lesions of the heart and brain, but was merely the result of its coming in sudden contact with a principle—that was all. Homœopathy was not accountable for the sudden collapse. It had something to do with the birth of the deceased, but was merely a spectator of the final catastrophe; and it is not improbable that those who claim homœopathy as an infallible law, and follow it as an exclusive dogma, will be found as chief mourners at the funeral.

II.—Education.

We come now to the consideration of this professional controversy as part of an evolution in educational development. Unless the liberal movement signifies the abolition of intolerance as a professional policy, it signifies nothing. Unless it stands for something more than a new code of ethics, its mission is finished. But with the overthrow of the intolerant policy of the old code of ethics, there comes at once a necessity for professional reorganization on an educational basis, because the former policy had divided the profession by arbitrary lines that are practically abolished, and, falling back on the legal status of the profession, we are face to face with an educational problem that must be solved before we can determine who are to be considered as properly qualified physicians.

This is the natural outcome of the ethical controversy; it is the real battle-field on which the future welfare of the profession depends, and for which the ethical discussion stands as a preliminary skirmish. This is the feature of the liberal movement that gives it the character of an evolution in the profession and identifies it with an era of progressive development. In this transition from the old to the new, the profession passes out from the narrow and artificial limits, thrown around it by the intolerant policy of a past period, into a larger liberty that brings with it additional responsibilities, not merely to individual members, but to the profession as a whole. So long as a partisan spirit was permitted

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to discriminate between physicians according to their belief or method of practice, without reference to their professional qualifications, and this arbitrary classification was held as decisively fixing their standing in the profession, it usurped the place of more rational methods of distinction, and the practical benefit of better laws for insuring the proper qualification of physicians was not apparent. But with the recognition of the principle that freedom of thought and action are the professional rights that belong to every properly qualified physician, it becomes necessary to throw aside all arbitrary classifications, and proceed at once to insure the proper qualification of those who are to enter the profession and exercise its privileges.

This is no new suggestion, for the necessity was recognized long ago, and its discussion has formed a strong undercurrent of opinion that has permeated the profession for years, and has found its expression in a general protest against a system of education that does not educate—against diplomas that are of no value as certificates of proper qualification—against the admission to the profession of those whose right to the degree, and whose qualification as physicians, has never been measured by any recognized standard. The popular cry is for a higher standard of medical education, when, as a matter of fact, there is no standard whatever, except such as each medical college chooses to adopt.

This educational question is based upon the recognized inadequacy of the existing law, regulating the practice of medicine in this State, to accomplish its evident purpose. It matters not what measures of reform are proposed, nor what may be the special feature of reform that appears to be most desirable, no reform is possible until the defect in the law has been remedied; and as I believe that nothing can so perfectly show the proper remedy as a clear and intelligent appreciation of the precise nature of the defect, I ask your attention to a consideration of that point as the object of attack in the first movement toward educational reform. In the first place, we must observe that the policy of the State, as expressed by its laws, plainly requires that

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all persons who practice medicine shall be legally qualified. It assumes that a sound medical education is essential to all physicians. It specifies the seven fundamental branches of study that must be pursued by all who wish to practice medicine in this State and the time that must be devoted to their mastery, and then, in order to give complete assurance of proper qualification, in order to prevent ignorant and incompetent persons from assuming the responsibility of human life in the practice of medicine, the law finally insists that every candidate shall be examined in the various branches of study and show that he is properly qualified before he can receive the degree or a license to practice. Beyond all question, the intent of the law, as it stands, is evidently to establish and maintain a certain grade of qualification that must be attained by every one before he can be admitted to the practice of medicine in this State. In other words, the law erects an educational barrier between ignorant and incompetent persons, on the one hand, and the medical profession, on the other, and this serves both as a protection to the public and as a basis for the legal standing of the profession. But the State, while it erects this educational barrier, does not undertake any part of the educational work. That is transferred to legally incorporated medical colleges, organized for the purpose of carrying out the provisions of the law. Between these colleges and the State there exists a virtual contract, by which, for certain privileges that have a money value, the colleges undertake to perform for the State a specified educational work. They undertake to educate students in accordance with the provisions of the law, and to bring them up to the standard of proficiency in all the branches of study specified by the law, and the diploma of the college, conferring the degree of Doctor of Medicine, is the certificate of the faculty that their work has been done, and that the candidate has been found to be properly qualified in all the departments of medicine, —it is the brand of the college on what they issue as work that fulfills the terms of the contract. The colleges have received their pay in advance, by the privileges conferred upon them by the State; they have cashed these privileges in students' fees, and

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have profited by the contributive effect of the law that requires and accepts the evidence of a diploma from a legally incorporated college as essential for a license to practice. The State has therefore fulfilled its part of the contract. When we turn to the other side of the question, and inquire how the colleges stand with reference to the fulfillment of *their* part of the contract, we touch the vital point in the question,—we have reached the defect in the law. *No provision has been made for an inspection of the work performed, and the State has taken no precautions to insure a fulfillment of the contract on the part of the colleges.* Under the law, as it stands, the State accepts the diploma as conferred by the medical colleges as a sufficient guarantee of qualification, without further inquiry or examination, and the formality of recording the diploma in the office of the county clerk constitutes it a legal license to practice medicine. Thus the diploma is practically a license, and the medical colleges are by law entitled to the unique privilege of deciding for themselves whether they have fulfilled their part of the contract with the State. Every medical college, therefore, represents two interests—its own and those of the State; and when those interests conflict, as they may be reasonably supposed to do, it is equivalent to a juror giving a verdict in his own case, a judge presiding over his own trial, or a faculty pronouncing upon their own merits. An impartial judgment is possible, but not probable, and such a method of determining whether duties have been fulfilled is not in accordance with the general principles that prevail in law or in business.

Let us glance at a few of the results that legitimately come from this defect in the law. The most pronounced effect of this imperfect law lies in the fact that it is an actual impediment in the path of reform in medical education, and constitutes an effectual obstruction against all efforts to obtain a higher standard of professional qualification. Since the law permits each college to pronounce upon the merits of its own work, allowing those who educate to act both as judge and jury for the benefit of themselves and their students, giving them the authority to determine whether the legal conditions have been properly fulfilled, and the power

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to grant a license in accordance with their own decision as to what constitutes proficiency, it necessarily follows that each college establishes a grade of qualification that is most in harmony with its own interests, and is regulated by the demand from a business point of view. The evident purpose of the law, to establish a common grade of qualification for the degree, is ignored, and no student need fail in his examination for the degree, for the different interpretations of the legal significance of proficiency, in different colleges, enables any student to select for his *Alma Mater* the particular college whose reputation for a facile method of examination suits his inclination or accords with his mental abilities. So far as the law is concerned, and so far as public opinion in general is influenced, it makes no difference from what medical college a doctor receives his degree. One diploma is as good as another, so far as it affects the legal standing of its holder, and this fact gives force to the natural inclination of the worst students to gravitate toward those colleges from which the degree can be obtained with the least difficulty. And because, in the absence of endowments and State aid, the business feature of the work is a vital one with all our colleges, it becomes impossible for any medical college to establish and maintain a much higher standard of medical education than that prevailing in rival institutions. Such a policy would result in a prompt exodus of its students, and they would naturally seek the halls of a college that offered an equally valid degree on much easier terms. The present law offers no incentive for better work, and affords no protection against a purely business rivalry, for in the absence of a recognized standard of qualification and of a legal inspection of the work of the colleges on behalf of the State, there is no opportunity given to any college to demonstrate to the profession and to the public the superior quality of its teaching, as compared with that of its rivals. Thus the present law acts as an impediment to a higher standard of medical education.

Another result of our defective law is to degrade the recognized value of all our educational work to the level of the standard adopted by our most disreputable institutions. The

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value of a barrier is measured, not by its highest, but by its lowest point, just as the strength of a chain is only the strength of its weakest link; and, in like manner, the value of our standard of medical education is determined, not by the grade prevailing in reputable colleges, but by the standard adopted by the New York Eclectic Medical College, and by similar institutions that are familiarly known as "diploma factories." This accounts for the worthlessness of our diplomas abroad, for in every civilized country, except our own, they are rejected as evidence of proper qualification, because, in addition to the acknowledged inferiority of our educational system, there is an entire absence of any recognized standard of qualification, owing to the neglect of the State to provide for an effective and official supervision of the work performed by the colleges. The low estimation in which our diplomas are held abroad comes from no unfriendly feeling toward American physicians, but from a logical interpretation of our defective laws; and since we must admit that this interpretation is correct, we must also admit that there is either a necessity for better laws, or else there is no necessity for any law.

In view of these facts, the coming issue begins to shape itself in a demand for a State Board of Medical Examiners, before which all candidates for a license to practice medicine in this State must appear and pass such an examination as will demonstrate beyond question the fact that they are properly qualified according to the evident purpose of the law. This State Board of Medical Examiners is the official representative of the interests of the State in medical education, and, on behalf of the State, it must examine the work performed by the colleges, and determine whether they have properly fulfilled their part of the contract. It has been proposed to take away from all colleges the power of conferring the degree of Doctor of Medicine, and to place it in the hands of the Regents of the University, who would be governed in their action, not by any college certificate of merit, but by the report of the State Board of Medical Examiners, as to the qualifications of the candidate for the degree. We are to remember that medical colleges are incorporated and

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chartered for one purpose—the medical education of their students. To this end it is proper that they should be at liberty to conduct the work without interference or supervision. When their work is finished to their own satisfaction, it is appropriate that it should receive the stamp of their approval. The privilege of conferring the degree has been given to them by the State, and it is one that custom has sanctioned as properly belonging to the privileges of learned institutions. But the radical correction of past abuses in privilege points to the necessity of establishing a better method than that upheld by custom only. We must begin to discriminate between the privileges of a college and the prerogative of the State; for if the degree is accorded to the colleges as a special privilege, the license must remain with the State as one of its prerogatives that cannot be delegated, for it is the acceptance, on the part of the State, of the educational work of the college. And if the degree remains with the colleges, it is necessary that the body that examines for the license in the interest of the State must be an entirely separate and distinct body from the one that examines for the degree in the interest of the colleges. But it seems to be a better thing for education in general, and for medical education in particular, to take the degree away from all medical colleges, and place it in the hands of the Regents of the University of the State. The reasons for this change are, in brief: that the privilege has been abused to such an extent as to degrade the value of the degree as evidence of qualification; that the distribution of this privilege among a large number of institutions has resulted in a lack of uniformity in the standard of qualification requisite for the degree; and, finally, that it is against the interests of any radical reform in medical education to perpetuate a custom that contributes nothing to the symmetrical advance in other departments of education, but tends, on the contrary, to separate medical education from all co-operation in general educational reform, by permitting the professional degree to stand unconnected with a preliminary scientific course as part of the University curriculum.

There are a few points in connection with the proposed

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law for the establishment of a State Board of Medical Examiners to which I will briefly refer. First of all, there must be a distinct recognition of the fact that there are three State Medical Societies, three systems of practice, and each must have its representative as a member of the Board, so that every candidate may choose in which of the three systems of practice he prefers to be examined. This division of the profession into three sects is one of the legacies of the old code of ethics, that created them as a defensive measure against its intolerant spirit; and now these organizations are too strong to be ignored, and their recognition in all legislative action is one of the penalties that must be paid for past blunders in policy. In the next place, it appears that the very principle underlying the creation of the State Board of Medical Examiners requires that no member of a college faculty should be eligible as a member of the Board. For the new law assumes a possible collision of interests between the colleges and the State, and it would be inconsistent with the purposes of the law that the Board should be so constituted as to permit the colleges to perform judicial functions concerning their own work. And if one college were thus represented on the Board, every college would claim the same privilege. Finally, with reference to the preliminary qualifications of candidates, it would seem desirable, in addition to the two or three years of medical study, to insist upon a previous qualification equivalent to that of graduates from the high schools of the State, and that this provision should be in force until the facilities for scientific education in the regular university course render it possible to insist upon the degree of Bachelor of Science as a necessary preliminary to the degree of Doctor of Medicine.

A State Board of Medical Examiners is not to be regarded as an educational derrick to raise the standard of medical education, for it is necessary to have a standard before it can be raised; and it would be the special object of such a Board to create and maintain a standard of qualification for the degree that is fairly commensurate with the educational facilities of our most reputable medical schools. As a test of the excellences and of the defects

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of our system of medical education, it would be invaluable; but the true reform in medical education cannot be accomplished by this means alone. There must be a *vis a tergo* that pushes up the grade of medical instruction by supplying a higher grade of medical students, who will create a demand for a higher grade of instruction by bringing a systematic preliminary qualification in science, instead of the raw material, as the basis for professional education. This brings us at once to the question of the preliminary education of medical students—a question that, in my opinion, is of more significance in its relation to the future reform in medical education than any other. Every one will admit that grave defects exist in our system of medical education; some of these defects are well recognized, others are not, and it is toward the latter class that I wish to briefly draw your attention. They may, very largely, be attributed to our adherence to traditional methods of instruction and to an unwise attempt to imitate, under a republican form of government, a system of medical education that could only reach its perfect development under the fostering care and supervision of a less democratic policy than ours. As a result, we copy all that is of doubtful value, and we lose the benefit of its best features, so that reform based on a close imitation of foreign methods is an impossibility.

A more rational view of the subject may be obtained by eliminating the influence of foreign examples, and by considering the possibilities that lie within our reach. The law requires that the candidate for a degree in medicine shall have attended two full courses of lectures—in other words, it specifies two years as the time that must be devoted to professional study. No one who appreciates the responsibilities to which this study leads will question the truth of the assertion, that six or seven years would be little enough to devote to the study of medicine. But the demand is created by the profession and established by the law, so that the colleges have no option in the matter; they must supply a two years' course, and I question whether a much better course could be given within a specified time than that afforded by our best medical colleges. It is a cramming system; it ne-

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cessitates superficial methods and superficial knowledge: but it supplies the demand. It assumes, very properly, that the student knows nothing of medical science when he enters the college; and it assumes, very improperly, that he knows it all when he graduates. Let us see how this education corresponds with that of our clerical and legal brethren. The special training for the legal and clerical professions begins when the boy receives his first Latin book. It is kept up systematically through his college curriculum, and is merely finished in the divinity or law school. Every feature of the college course is shaped for the special benefit of embryo clergymen or lawyers; and if we count the time spent in the preparatory school, the college, and the professional school, there are eight or nine years of study that have been systematically devoted to the attainment of knowledge that is regarded as essential for professional excellence in law and divinity. But classical culture, as the educational preliminary to professional study, while it is adapted to the demands of the clerical, and, to a lesser degree, to the requirements of the legal profession, contributes nothing whatever toward the educational necessities of physicians. There is an evident want of adaptation between the demands that have been created by modern progress in scientific research and the educational supply afforded by the scholastic training of our colleges. The introduction of the elective system and optional courses into the curriculum of colleges of the highest grade is a tacit acknowledgment that the old idea of a classical education is not in harmony with the educational necessities of the present time. We are so familiar with the precepts of those who look upon intellectual training as necessarily imperfect, unless the mind of the student has been run into a classical mold, that it is worth our while as physicians to consider for a moment how this orthodox view of education has been shaken by the criticism of those whose position and authority as classical scholars and teachers gives a peculiar emphasis to their views. Canon Farrar expresses himself as follows: "I must, then, avow my own deliberate opinion, arrived at in the teeth of the strongest possible bias and prejudice in the

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opposite direction—arrived at with the fullest possible knowledge of every single argument which may be urged on the other side—I must avow my distinct conviction that our present system of exclusively classical education, as a whole, and carried out as we do carry it out, is a deplorable failure. I say it, knowing that the words are strong words, but not without having considered them well; and I say it because that system has been 'weighed in the balance, and found wanting.' It is no epigram, but a simple fact, to say that classical education neglects all the powers of some minds, and some of the powers of all minds. In the case of the few it has a value which, being partial, is unsatisfactory; in the case of the vast multitude it ends in utter and irremediable waste." In like manner Professor Blackie, of Edinburgh, testifies "that the present system of classical education, as a general method of training English gentlemen, is a superstition, a blunder, and a failure." President Barnard, of Columbia College, asks: "Is it a result worth the time and labor expended upon it to attain such a doubtful acquaintance with a language or anything else, as that which the majority of our graduates carry away with them of these, at the close of their educational career? Might not the same amount of time and labor, differently employed, have produced at last something having a value, at least appreciable? And is not the immense disproportion between labor expended and results obtained, itself the best evidence that this labor has not been expended most wisely for the accomplishment of its own avowed end?" Professor Bain, of the University of Aberdeen, in his treatise on Education as a Science, after an exhaustive consideration of the subject, comes to a similar conclusion, and so far as its relation to medicine is concerned he dismisses it with the remark that, "It will not be contended that there is anything to be gained by classical scholarship." To the old opinion, that classical scholarship trains the mind as nothing else does, he is opposed, and during his argument he says: "We must ask specifically what the training consists in. For one thing, there is abundant employment given to the memory; but the proper word for this is not 'trained,' but 'expended.' A certain

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amount of the plastic force of the system is used up, and is therefore not available for other purposes. This is the cost of the operation, for which we have to show an equivalent in solid advantages."

Finally, I would bring to bear on this question the remarks of Professor Cooke, of Harvard College, in which he expresses an opinion that is full of significance to all who are interested in a radical reform of medical education. "For myself," says Professor Cooke, "I believe that the old classical culture is the best culture yet known for the literary professions; and among the literary professions I include both law and divinity. Fifty years ago I should have said that it was the only culture worthy of the recognition of a university. But we live in the present, not in the past, and a half century has wholly changed the relations of human knowledge. Regard the change with favor or disfavor, as you please, the fact remains that the natural sciences have become the chief factors of our modern civilization; and—which is the important point in this connection—they have given rise to new professions which, more and more every year, are opening occupations to our educated men. * * * Moreover, the old profession of medicine, which, when, as formerly, wholly ruled by authority or traditions, might have been classed with the literary professions, has come to rest upon a purely scientific basis. * * * These increased requirements of modern literary culture suggest another consideration, which we can barely mention on this occasion. How long will the condition of our new country permit its youths to remain in pupilage until the age of twenty-three or twenty-four—on an average at least three years later than in any of the older countries of the civilized world? It is all very well that every educated man should have a certain acquaintance with what have been called the 'humanities.' But when your system comes to its present results, and demands of the physician, the chemist, and the engineer—whose birthright is a certain social status, which, by accident, you temporarily control—that he shall pass fully four years of the training period of his life upon technicalities, which, however important to a literary man, are

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worthless in his future calling, is it not plain that your conservatism has become an artificial barrier, which the progress of society must sooner or later sweep away? Is it not the part of wisdom, however much pain it may cost, to sacrifice your traditional preferences gracefully when you can direct the impending change, and not to wait until the rush of the stream cannot be controlled?" These remarks, which you will find at length in the *Popular Science Monthly*, for November, 1883, were not addressed to an inferior college, but were made before the Harvard Club of Rhode Island, representing the college that of all others has taken the lead in the attempt to adapt its facilities to the most advanced requirements of the present time. And if Harvard is so far behind the demands that have been created by modern necessities in scientific education, what shall be said of the position of other colleges on this question? There can be no contradiction of the fact that, under the old *régime*, there was no attempt to provide a preliminary education specially adapted to the necessities of the medical profession, and it is only within a very few years that these necessities have received even a partial recognition. At the present time it is safe to assume that the controversy that is now progressing over the absolute and relative value of classical studies has resulted in a distinct recognition of the fact that those studies, however important for the mental pabulum of clergymen and lawyers, do not afford the material most needed for the systematic education of physicians, and with this recognition comes its logical sequence in an attempt to supply the education that is needed. In this department of educational reform there are no such obstacles to meet as those that surround the question of medical education. It will not be necessary to enact new laws in order to guard against the defects of the old ones. The question has nothing to do with law or politics, but is purely educational; and after the necessity for change is once recognized, the only remaining question is the financial one of supplying the necessity.

And so the question of medical education to-day stands between two reforms—one that proposes to establish a respectable

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standard of qualification for the degree, another that proposes to afford better facilities for a systematic preliminary education of those who intend to enter the medical colleges. It is important that all these measures of reform should be co-ordinated if possible, so that we may finally have a symmetrical course of professional study, based not on traditional methods, but upon the broadest view of what is needed in medical education.

So long as students begin their medical course with no previous special education in natural science—and this applies to "college bred" men as well as to others—they must receive an education adapted to their ignorance rather than to the demands of medical science. If these students had already passed through such a preparatory course of study as that afforded by Cornell University for this special purpose, it would compel a higher grade of instruction in the medical colleges by relieving them of the load of purely elementary teaching with which they are now handicapped.

The purely scientific studies of the medical course, such as chemistry, anatomy, physiology, etc., properly belong to the scientific curriculum of the university, and not to the medical college. These studies bear the same relation to medicine that Greek and Latin bear to theology: they are the foundations in technical knowledge upon which the professional education rests. In Harvard, Yale, Columbia, and Cornell, the demand for scientific education has been already met to such a degree that it requires only the proper endowment of two chairs—anatomy and physiology—to make their scientific courses complete in their fundamental relations to the study of medicine; and since the effect of such a provision would be to render a radical change in our whole system of medical education a possible, if not a probable, sequence, it is worth our while to consider it for a moment. The question is one of money and methods. We must recognize, then, that first-rate teaching costs more than the mere money return for the labor, and that in scientific courses it is especially true that the higher grades of instruction can never be made to pay for themselves. When we look at the practical and financial difficulties

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that beset every legitimate attempt at a higher education than is now offered, whether illustrated in the professional schools of medicine or in any other department of liberal culture, it is impossible to avoid the conclusion that no greater benefit could be bestowed on the cause of education than to abolish at least two-thirds of the colleges now in existence, and concentrate professional and public influence upon the proper financial support of those that remain. In this city alone seven unendowed medical colleges are wrestling with the educational business that one or two colleges, properly equipped and with a systematic association with the enlarged scientific curriculum of a university course, could easily manage much more efficiently. The remedy for this does not lie in the endowment of chairs in a medical college. I am aware that many sincere advocates of a higher medical education have expressed a different opinion, but it seems to me that to apply the principle of endowment to our medical colleges in their present position as private business ventures, with no legal supervision, with nothing but the high professional and personal character of their present officers as a guarantee for the future, would be to contribute financial support to perpetuate a bad system. We are entering upon a period of strongly marked development in educational matters, a period whose chief characteristic unquestionably lies in the prominence that will be given to scientific education. During this formative period, when traditionary methods are falling under the adverse criticism of those who stand as exponents of the best results that are possible under their operation, and while the whole question of a higher education is certain to be recast in a form more in harmony with present needs and future demands than formerly obtained, it would seem to be a wise policy to avoid giving a character of permanence to methods that are obsolescent, unless revived by artificial support, and to consider whether the merits of our educational system in medicine are such as to commend it to the future support of the profession. The most earnest advocate of the endowment plan would probably admit that the chairs of surgery, obstetrics, the practice of medicine—in a word, the

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practical chairs in the medical college—need no endowment. They pay for themselves in the direct benefit accruing to their occupants. To hold any one of these positions is a certain passport to professional reputation and a lucrative practice, if the holder is competent for his place. No medical college needs money for its practical departments; but every one pleads poverty when the scientific chairs are mentioned. Chemistry, physiology, and anatomy are branches that are expensive in their equipment—they bring no practice; in fact, they are a detriment to practice, and whatever reputation they bring to the professors is purely of a scientific character. To attain this reputation, it is necessary that the professors of these branches devote themselves entirely to their work, to the exclusion of private practice, so that if we admit that a lucrative practice ought to be one of the evidences that a professor of surgery or of therapeutics is a competent man for his position, we must also admit that a very poor practice, or none at all, is one of the legitimate penalties that attach to the scientific chairs. As a matter of fact, this is so universally true, that no one has ever suggested the endowment of any other chairs in a medical college than those that belong to the scientific branches. But under the plan that I have suggested, these scientific branches would be entirely eliminated from the medical college, and relegated to the preliminary scientific course of the university, where they properly belong. The question would then arise with reference to the proper endowment of these chairs as part of a university course—a much more practical question than that of endowing a medical college, and one that is far more likely to appeal to the prudent generosity of those who look to the future results of their benevolence. For such an endowment it would be possible to concentrate professional influence, because its good effects would reach every college; but if the endowment were applied to the chairs of a medical college, it would be of service to that college alone.

Such a plan would involve a radical change in the methods now prevalent in the colleges. The practical chairs would be increased in number; theory and practice, in the three great departments of

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surgery, medicine, and obstetrics, would embrace all the specialties in medicine : so that the effect would be to transform the ordinary medical colleges into schools, like the Post-Graduate School, with the addition of didactic teaching ; or, to reverse the illustration, like the practical part of an existing medical college, with a Polyclinic attached. Such a plan would be likely to receive the co-operation of those who would see in it the increased facilities offered for professional reputation to a larger number of practical teachers than can be utilized under the present system.

All this may seem to you rather premature. It certainly involves an entire upsetting of the present system of medical education; but, after all, there appears to be a reasonable ground for the opinion that this change will come in time with little or no aggressive work. In fact, a radical reform must be based, not on mere agitation, but upon the growth of knowledge, the evidence of need, and the power of supply. To attempt such a sweeping change as I have suggested, at once, would be the sheerest nonsense, and would end in a ridiculous failure. What we need at present is plainly a better law, one that will give us a Board of Examiners that shall establish and maintain a standard of qualification for the degree that will be creditable to the medical colleges and to the profession, and, as the facilities for instruction increase, it is to be hoped that this standard will be graded in harmony with the education furnished by our best colleges. It will be of great service to education if the degree is conferred by the Regents of the University, rather than by the trustees or faculty of any medical college ; and the law will be far more effective if, taking advantage of this centralization policy, it requires the candidate to pass on his merits alone, without any question as to where or how he obtained his knowledge. In other words, the candidate should not be compelled to spend one or two years at any particular college. If he prefers, he should have the privilege of getting his instruction in surgery at one college, in anatomy at another, in therapeutics at a third, or from his preceptor, if he chooses—that is his affair ; the examiners should merely determine the question of his proficiency in the

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various branches. Such was the original intention of the law appointing the State Board of Medical Examiners, as first passed. The idea at the bottom of this provision is that, if the examinations are finally established as compulsory on all candidates for the degree, students will naturally take a lively interest in the result of these examinations. A year or two will very surely demonstrate the fact that there are different qualities of instruction afforded by the medical colleges. Some will gain a reputation for the comparative excellence of their teaching; others will lose. Students are not slow to draw their conclusions, and they will be likely to go to the college that shows the best record before the Board of Examiners. But every faculty varies to some extent in the quality of its teaching. Anatomy may be studied to better advantage in one college than another, and so of all the branches. The record of the Board of Examiners being a public one, it will be possible to ascertain not merely the relative merits of colleges, but also the relative merits of instructors, so that students may find it to their advantage to pursue their studies in certain branches in one college, and go elsewhere for other instruction. If the law permits this, *and it can only do it by taking the degree from the colleges*, the result will be to encourage good teaching and good teachers. Poor material in the faculties will be starved out and replaced by better, and the principle of competition in teaching will be infused into and give vitality to medical education that has suffered so long from a purely business competition. Under the influence of such a law, the doctrine of "the survival of the fittest" would be applied to education. Weak and inefficient colleges would go down, and we should have the benefit of stronger and fewer medical schools.

Such results as these may be reasonably looked for as the natural effect of the new law for the creation of a State Board of Medical Examiners. But it appears to be essential for the efficient working of such a law that its connection with the Regents of the University be made close and binding, for if the degree is to be conferred by the Regents, it is appropriate that they should appoint the examiners who are to determine the question of quali-

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fication for the degree; and if the Board of Examiners is to be kept out of politics, its appointment by a permanent body, such as the Regents of the University, will be more likely to conduce to that end than if the appointing power is lodged in the hands of the Governor of the State, and thus subjected to the influences of political circumstances. While these results are being worked out in the reform of medical education, other reforms will be progressing with greater rapidity in the scheme of university education—more rapidly, because the university reform is purely an educational question, while medical reform is mainly one of law and politics. And so we may expect that in medical education there will be some halts and delays as experience shows us the defects in our efforts at reform, and that when this test of experience shall have achieved the practical results that are possible under improved laws, we shall find that at the other end of the educational line the problem of preliminary education has already been solved, so that the only remaining task will be to so amend the law as to make the preliminary scientific course with its appropriate degree a necessary qualification for all who propose to enter upon the professional study of medicine.

A few words in closing: The topics I have so imperfectly presented have seemed to me appropriate to the time, because they are controverted ones, and for that reason are just now invested with a peculiar interest to us, and it has also appeared to me that, in passing through so critical a period in professional history as that in which we move, it is better to give expression to positive opinions, however crude in form, than to remain silent in the presence of issues so vital to our professional life. I have therefore used the privilege of a retiring President for this purpose, conscious of the fact that in all that pertains to the development of a liberal spirit in the profession and to the advancement of the interests of a higher medical education, we are one in our sympathies and efforts.

At the conclusion of the address, on motion of Dr. Belcher, seconded by Dr. Lilienthal, a cordial vote of thanks to the President was unanimously passed by the Fellows.

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The second paper of the evening was read by *Dr. Lilienthal*, on "Post-diphtheritic Cardiac Paralysis."

Agnes C., twelve years old, a hale and hearty girl, reared in the country, and of healthy parentage, has lived in this city for about four months. On October 14th the speaker was summoned to see her, and discovered a patch of membrane, resembling chamois-leather, on the right tonsil. She was suffering from slight sore-throat, some difficulty in deglutition, but had good appetite, no fever, no headache, no malaise, and was in her usual bright spirits. Phytolacca decandra, 3d, was prescribed.

On October 16th the exudation had extended over the velum to the left side. The breath was foul; injection of the lining membrane of mouth and fauces pronounced; expectoration tough adherent, and greenish yellow; cervical glands enlarged. The case was diagnosed to be one of diphtheria, and diluted alcohol gargarismata and kali bichromicum and mercurius proto-iodide were prescribed in alternation. Fever and prostration were altogether absent. Disinfectants were freely used throughout the apartments. From this date, until November 3d, the disease progressed slowly but satisfactorily to a favorable issue. On the last-mentioned date the mucous membrane assumed its normal condition, and the patient's systemic state was no worse than could be anticipated, when the duration and nature of the disease are taken into consideration. On November 5th, after a comfortable night's rest, the patient partook of nourishment, when suddenly vomiting and purging set in, followed by complete collapse; and the speaker found her in this condition. She was conscious, quiet, extremities very cold, pulse filiform, cardiac action weak and irregular, tongue clean, no headache, no dyspnœa, no pain. Arsenicum and digitalis were administered, but without effect. Lachesis was then substituted with some relief to the restlessness that had ensued. Early on the 8th she passed away without a struggle.

The following questions are suggested by the above history:

1. What was the cause of death?

2. Why should such a state appear during convalescence, when the disease *per se* is apparently cured?

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3. What treatment might prevent such fatal results during the attack or after paralysis appears?

Regarding the hopelessness of such cases, the authorities generally agree, and the speaker here cites illustrative statements from Henoch and Meigs and Pepper. In the case narrated he could neither diagnose septic endocarditis, nor were any symptoms present indicating heart-clot, except perhaps the excessive restlessness and dry skin. For the last-mentioned condition the surface was faithfully sponged with alcoholized water. The urine was examined, and found to be acid, slightly albuminous, and with a specific gravity of 1023. Under the microscope a few hyaline casts, epithelial cells, and here and there a leucocyte and urates were discovered.

Morrell Mackenzie acknowledges that death during convalescence may occur from cardiac paralysis, paralysis of respiratory muscles, intercurrent disease of the lungs and pleura, or from general failure of nerve-force and exhaustion. If the patient, whose history is given, succumbed to cardiac paralysis—and the speaker is inclined to the belief that such was the case—the treatment was possibly not sufficiently energetic. He regards with some disfavor the indiscriminate administration of alcoholic stimulants, and has carried to a successful termination many a case of true typhoid without one drop of alcohol, relying solely upon a milk diet.

He also entertains the impression that he might have erred in not compelling the patient to remain in bed from the very beginning of the attack. This was not insisted upon, for reasons given. Thirdly, he thinks that she probably did not receive nourishment in sufficient quantity. If the act of deglutition is attended with difficulty, ought not rectal alimentation to be constantly prosecuted? We learn more from a study of our fatal cases than from that of hundreds which recover, possibly, through the *medicatrix naturæ*. Erring is human; to deal leniently with the erring, humane.

Case 2.—Clarence M., seven years old, had suffered from scarlet fever when three years of age, and ever since had been in

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delicate health. On November 8th he "caught cold" from undue exposure, and on November 10th the speaker was summoned to attend him. He was then suffering from a severe croupy cough, with pale face, but without fever and thirst. At nine P. M. a second visit was made; and the doctor found him in bed, sleepy and breathing with less difficulty. Medicine and nourishment had been administered with regularity every half hour, until the relief was so apparent, the mother fell asleep. On awaking, the child was dead.

This case of diphtheria was certainly not simple diphtheritic croup, nor did it belong to that class of cases termed ascending diphtheria, so graphically described by Jacobi in his Monograph. There was no cyanosis, the dyspnœa was very moderate, and the child could not have succumbed so rapidly to cynanche maligna. The speaker was totally unprepared for the fatal issue. Was it not due to paralysis of the heart?

In the discussion, *Dr. Belcher* was of the opinion that physicians must do the best in their power in such cases. Very frequently the fatal issue will eventuate, no matter what plan of treatment may be adopted. Paralysis is always a possible, if not probable, concomitant or sequela; and when it *does* occur, the prognosis is necessarily unfavorable.

Regarding the management of diphtheria, the speaker had commenced practicing medicine at a time when the rule of treatment was "low feeding." In the present age, ideas have become modified to such a degree that the plan is completely reversed, and a "full diet" is advised and adopted.

Notwithstanding, he can easily recall to his mind many cases of typhoid where the old plan has proved far more efficacious than the new.

In diphtheria the tendency is to a general paralysis of nerve centres, associated with mental apathy on the part of the patient regarding his precarious condition. Dr. Lilienthal's case may have been one of this description. Death was probably inevitable, and hence any method of treatment would have proved futile. With reference to those cases which present features be-

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longing to even the most malignant types of the disease, he is almost invariably hopeful as to the result, provided the patient will not only take plenty of nourishment, but evinces an increasing inclination to do so.

On the other hand, where an increasing reluctance to take food is present, his prognosis is unfavorable, for the reason that paralysis of some kind is, in his opinion, imminent. That the patient must be kept in a state of absolute quiescence, is a rule that is binding on every physician. Constant urging the sufferer to partake of nourishment induces restlessness, and is invariably followed by deleterious effects.

With regard to the administration of stimulants, he has never seen a case terminate successfully when they have been given in direct opposition to the patient's will. The speaker then cited two cases, occurring in the same family, of scarlatina, complicated with diphtheria, which he had attended in company with another physician. They both died, although the most approved plans of treatment had been adopted in their management. A third child became infected with the disease in its most malignant form, and the father declined to have anything whatever done for him. He recovered. The history of another family was given, in which five or six cases of diphtheria occurred. The oldest had the disease very mildly. Collapse suddenly ensued, which resembled the cold stage in cholera rather than paralysis, and death followed. The second child, although suffering from the disease in its most virulent variety—with implication of the nares, eyes, and larynx—recovered. The third was neglected, allowed to run about, and generally lost sight of by his parents, who were in reduced circumstances. Diphtheritic croup set in, with, at times, terribly severe paroxysms of suffocation. He also recovered. And the speaker questioned in his own mind: Did not the child really obtain more rest, mental and physical, by being permitted to do as he liked, than he would have experienced had he been under constant and enforced restraint?

Dr. Fowler inclined to the belief that the paralysis in diphtheria is due to a central lesion, located probably in the medulla.

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Dr. McMurray had had considerable experience in the treatment of such cases, and heartily concurred with what had been said by the previous speakers, with possibly one exception. He could not altogether agree with the objection, intimated by Dr. Belcher, to enforced nourishment. He regarded food as a necessity, and must be taken, provided the stomach does not reject it. He recollected one case in particular. The patient was suffering from diphtheria, following scarlatina, with the throat lesions in the worst form imaginable. The case was further complicated with hemorrhage, due to erosion of the pharyngeal blood-vessels, and there was every prospect of a fatal termination. Milk, eggs, and brandy were administered in teaspoonful doses as frequently as possible, although the patient abhorred and fought against it. The diet was varied at times by the addition of concentrated beef extract; and the patient recovered, and is living to-day. One ear was totally destroyed, and the throat is stenosed by stricture, the result of cicatricial contraction. In the case narrated in the paper, and in those belonging to the same category, the lesion unquestionably had its *locale* deeply seated in some central portion of the nervous system. And in his opinion no treatment, no matter how enlightened, could have been expected to have brought about a favorable result.

Dr. Lilienthal, as a rule, is in the habit of administering kali bichromicum in the lower triturations, and frequently alternates it with some one of the mercurials, preferably the cyanuret, where systemic prostration is in excess.

Dr. Guernsey thought that oftentimes the patient is struck with death before the physician is called. The poison expends itself upon the nerve-centres, and then it is too late to accomplish anything.

The Committee on Prizes then presented the subjoined report:

The committee appointed by the President of the N. Y. Medico-Chirurgial Society to frame regulations for the award of the Pendleton Prize for the best essay or work, presented this year by any member of the Society upon any subject pertaining

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to surgical or medical science, respectfully report the following:

First. In accordance with the conditions upon which the prize is offered, any member of the Society may send to your committee any work published by him, or written by type-writer, in 1883, who will transmit it to a committee of three, to be chosen from physicians not members of this Society.

Second. The prize is not to be awarded unless the work presented for competition is judged worthy the prize.

Third. There are to be no restrictions as to the authorship of the work being known.

Fourth. All works for competition are to be handed to your committee on or before January 1, 1884.

Fifth. The Committee of Award is to make its report in January, 1884.

Signed,

H. B. MILLARD.
S. LILIENTHAL.
E. P. FOWLER.

New York, November 12, 1883.

The report was accepted, and the meeting adjourned.

Stated meeting, December 11, 1883.

President Minor in the chair.

The first paper of the evening, on "Dysmenorrhœa," by *Dr. Donaldson*, was read in abstract by Dr. Dillow.

If the importance of a disease be enhanced by frequent occurrence, obstinate disposition, degree of suffering caused, and variety of opinions entertained concerning its etiology, pathology, and management, then dysmenorrhœa is peculiarly entitled to our most studious consideration.

The occurrence of the menses is invariably attended by more or less mental and physical perturbation.

The mind is apt to be whimsically affected, the digestive processes somewhat deranged, and a general feeling of lassitude pervades the system. These symptoms may range from slight dis-

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comfort to positive suffering, and yet not assume the characteristics that distinguish dysmenorrhœa.

The nature of the menstrual fluid may vary greatly in consistency, but as a rule the amount discharged and the degree of suffering experienced bear an inverse ratio to each other. Another noteworthy feature of this anomaly is, that the relation existing between the apparent cause and the effect is variable, perplexing, and difficult to trace, and the remedial means that relieve one train of symptoms fail when applied to another that are apparently identical. In rare instances the malady exists in a pronounced form, when no assignable existing cause can be detected.

It is evident that we have to deal with a disease whereof the etiological and therapeutical landmarks are peculiarly vague and deceptive, and any one presuming to establish arbitrary rules concerning its management commits an error that cannot fail to reflect unfavorably upon those who are misled thereby. Our literature teems with dissertations setting forth the trustworthiness of peculiar doctrines, which, by the specious manner of their presentation, are made to appear remarkably effective; nor at the time does it seem that we were dealing with delusive theories, for these methods, as a rule, are backed by numerous remarkable instances wherein the doctrine advocated has proved uniformly successful. The number of successive cures without the report of a single failure would stamp the procedure a decided triumph in medicine. The story is old, the results well known. These sporadic theories have been seized upon with avidity, tested faithfully, and found fallible, valuable only in the appropriate cases, and wholly impracticable in others.

The outcome of all this is the abandonment by many, and the wholesale denunciation by others, of teachings which, after all, may be philosophically founded, and therefore do not deserve consignment to oblivion, it being the ill-advised spirit of enthusiasm that merits our strong disapproval.

It is about sixty years since Dr. McIntosh skillfully set forth the doctrine of uterine stenosis, which has since been the subject of so much controversy.

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We all know how enthusiastically this theory was endorsed by the late Dr. Simpson, of Edinburgh, and Dr. J. Marion Sims, of our own country.

Following the promulgation of Dr. Sims' pronounced views, much has been written in a similar strain, each article usually followed by a long list of cases where the cervix uteri has been incised or dilated for the enlargement of the canal, the result being invariably most satisfactory. Indeed so plausibly are the principles presented, that the casual reader would infer that there existed no longer any obstacle in the way of positive, safe, and speedy relief for all dysmenorrhœic cases.

When Dr. Bennet says, "I have always taught that menstruation may be painful from its dawn to its close without any mischief or impediment existing of any kind," he gives voice to the actual experience of every physician.

Unfortunately Dr. Bennet was disposed to push his theory regarding the irritability of the uterus to the other extreme. It seems to be difficult for the medical mind to adopt impartial or catholic views upon any subject, a limited sphere of individual observation being too often sufficient grounds upon which to establish a belief; and the position once having been taken, it is persistently defended, even though obviously untenable.

Some time since my attention was directed to this subject with special reference to the untrustworthiness of any stereotyped doctrine regarding the management of dysmenorrhœa. I had under treatment several cases, a brief description of which may serve our purpose.

Mrs. F., aged thirty-four, multipara, has always menstruated painfully, her sufferings having been particularly severe during the last five years. For the first two days the flow is scant and thin, and a few hours after its appearance the patient is tortured with intermittent, grinding, twisting pains in the pelvis, constant boring pain in the region of the left ovary and under left breast, accompanied with violent headache and nausea. So great is the distress that she writhes, moans, and even utters occasional shrieks. About the third day the flow is freely established, and the pain

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abates, leaving the victim in a prostrated semi-conscious state, which lasts about twelve hours. There exists a sharply defined retroflexion of the uterus, for the relief of which various pessaries have been worn. For some years she has at different times been under the care of two gynæcological professors, both averse to the use of the intra-uterine stem.

The sound is easily introduced, and reveals a certain degree of fixedness of the uterus, the cavity of which is very sensitive. When the organ is straightened and anteverted, violent pain is produced; and upon the withdrawal of the sound, the abnormity instantly returns. After several weeks' cautious treatment, with a stem held *in situ* by different-sized cotton pledgets saturated with alum and glycerine, the organ became tolerant of the foreign body, was straightened and anteverted. The stem was finally worn for four consecutive months, the patient in the meantime attending to her household duties, and often walking several miles with no obtrusive consciousness of a womb, which had been an impossibility for the previous twelve years. The menses have caused comparatively no discomfort since, and the uterus has retained the normal position without assistance for several years.

Our next case displayed similar symptoms, but with far different excitants and less satisfactory results. Miss C., aged thirty-seven, enjoyed excellent health until her twenty-eighth year, when, from the imprudence of sitting throughout one evening upon stone door-steps, the menses were checked, and their reappearance, several months later, was accompanied with severe pain. Since that time she has become a wreck, mentally and physically. Complains of constant boring pain in left ovary and a sharp pain under the left breast. For a long time has been annoyed by a profuse vaginal discharge, and is under the impression that abscesses have formed and burst, from the fact that the secretion accumulates within the cavity, causing great pelvic discomfort, and is then vented with a gush. Face pinched, pale, and anxious; appetite vitiated, and nights sleepless. At the molimen all the suffering is greatly intensified, driving her into a frenzy and

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forcing her to resort to large doses of narcotics, to which, from prolonged use, she has become a slave. Flow profuse, dark and clotted, lasting from five to six days. Local inspection discovers uterus normally positioned; os constricted and indurated, consequent upon previous caustic applications. Uterine cavity enlarged, walls thin, flaccid, and denuded of endometrium. Probing extremely painful and followed by hemorrhage. Region of left tube and ovary tender and infiltrated; cervix incised and dilated; cavity treated with iodine, carbolic acid, borax, etc., and the Materia Medica exhausted in search of the efficient remedies. Assiduous treatment has extended over several years, unfortunately with but slight improvement of her condition; the only procedure left untried promising relief being Tait's operation for the removal of the diseased ovary and tube.

Case 3.—Miss W., aged twenty-three, relates following history: A strong, robust girl until the age of seventeen, when, while menstruating, she walked home from school through deep snow; took severe cold, and suffered for several weeks with what was pronounced inflammation of the bowels. Since then the menses have been accompanied with violent pain, so severe as to produce convulsions, followed by semi-consciousness and prostration. At the time of our consultation she is anæmic, extremely hyperæsthetic, dyspeptic, and sleeps badly. Easily fatigued, exercise causing pelvic discomforts. Complains of slight leucorrhœa before and after the month. Has been a patient of numerous physicians, who have employed all the ordinary means; hot baths, blisters, cathartics, iron, strychnia, opiates, etc., all to no purpose. The uterus is normal as to position and texture, with the exception of cervical flexure, causing the os to look forward. The canal was dilated, and the indicated remedy prescribed, but the menses returned as painfully as before. For several months the treatment—consisting of dilatation, carefully selected remedies, electricity, regulated diet, massage, change of scene, etc.—was fruitless. I finally determined to incise the cervix according to Dr. Emmet's method. Circumstances not permitting, the operation was delayed still another month; in the meantime prescribed

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borax, 3d dec., night and morning. The menses appeared painlessly, and continued to do so; all of which would have been attributed to the operation, had it been performed. Naturally the last prescription received the credit of the cure, and so might we infer, were it not that it had been previously administered several times without giving any relief. In what the curative influence really consisted still remains an open question.

Case 4.—Miss L., aged seventeen, presents the following history: Menses appeared painfully in her thirteenth year; since which they have recurred in a dysmenorrhœic form without a single exception. Throughout the intermenstrual period she experiences no pelvic discomfort, and leads an active life. On the verge of the menses she complains of pain in one of the ovarian regions, sometimes the left, and then again the right. The flow appears scantily, and, after a few hours, ceases temporarily, and intermittent pains set in, which she describes as "pinching," "digging," "twisting," etc. After a few hours the flow reappears, dark, clotted, and stringy, but never profuse. The spasmodic pain increases in severity for about twelve hours; and so great is the patient's suffering, that she bites her own flesh, rends her clothing, and clutches her attendants fiercely. After several hours of agony she becomes delirious, and ceases to recognize those about her. So intense is the nervous irritability that she expresses a horror lest any one approaching should touch her. Neither nausea, headache, nor fever is present. During the paroxysms the extremities are obstinately cold and livid. Toward the close of second day the pain abates, the flow becomes more natural, and lasts several days longer. After the pain disappears there remains an aching throughout the pelvis, which, however, also disappears shortly after the cessation of the menses, and, with the exception of temporary lassitude, irritability, and pallor, the patient presents no indication of her recent terrible suffering, and for about three weeks is apparently in perfect health. She has been under constant medical supervision for four years, and pronounces hot baths, gin, chloral, bromides, opiates, and a host of other remedies utterly useless; declares

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that she has taken a quart of gin in twelve hours, besides several rectal suppositories containing belladonna and morphine, without obtaining any real relief. I saw her one day after she had taken two grains of morphine and a pint of gin, and her statements were confirmed by the delirious consciousness of her intense suffering.

Physical exploration was with difficulty performed, owing to the excessive nervousness and a marked hyperæsthesia of the vagina. Os uteri looked forward and to the right of the median line. Probing discovered an exquisitely sensitive uterine canal with stricture at the os internum—a retort-shaped uterus, the fundus lying backward and toward the left ovary. The depth of the canal was about three inches. Although no history of pelvic inflammation could be elicited, there was unmistakable evidence of adhesions. A very slender, freshly prepared sponge-tent was inserted, but which I was compelled to remove within an hour, so great was the pain and nervous commotion produced, although the patient had previously taken a grain of sulphate of morphine. Two days later I inserted a large tent, and determined to quiet the pain by occasional inhalations of chloroform. This was retained about two hours and a half with considerable difficulty, as the patient never seemed to lose consciousness of the pelvic suffering. When the tent was removed it presented an hour-glass appearance, and, although the ends were fully dilated, the middle appeared as though constricted by a tightly drawn band. Being fully convinced of the impossibility of gradual dilatation, and owing to the great aversion the patient held for any cutting operation, I decided upon full etherization and divulsion of the canal, which was performed one week later. The menses appeared quite copiously and without pain till the third day, when they suddenly ceased temporarily, and the old pain returned with great violence, and persisted for two days, with the expulsion of many clots. It was evident that the flexure of the canal, aided by the irritated state of the organ, was the predisponent to the clot formation, which were only expelled through the contraction their presence excited. During the following month the uterus

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was straightened by the occasional wearing for a few hours of various sized flexible intra-uterine stems deprived of their discs; these were inserted upon a bent steel wire stylet, and retained by small pledgets of cotton. The menses subsequently appeared comparatively painlessly. The notable features of this case are the hyperæsthesia, which greatly interfered with necessary manipulation and gradual dilatation of the stricture; the insufficiency of narcotics to mitigate the suffering; the remarkable resistance of the constricting fibres; the absence of any discomfort during the quiescence of the uterus, although exhibiting such great distortion; and, finally, the enefficiency of mere dilatation of the canal when complicated with flexure.

Case 5.—Mrs. G., aged forty, complains of suffering "frightfully" each month. This periodical suffering has been increasing ever since a year subsequent to the birth of her last child, now eleven years old. During the interval is annoyed with a profuse leucorrhœa and dragging lumbar pains, with bearing-down sensation. Menses profuse, dark, and clotted; pains compared to those of childbirth, which the patient pronounces easier to bear than those she experiences each month. Local inspection reveals the uterus somewhat retroverted, prolapsed, and enlarged; slight cervical laceration; a morbidly patulous canal, lined throughout with granular growths, quite sensitive and vascular. Two sponge-tents, infiltrated with pulverized alum, each worn two days, with four weeks intervening, at the middle of the month effected a cure.

Case 6.—Mrs. P., aged thirty-two, sterile, and anxious to become a mother; plump, healthy, and has always menstruated *without the slightest discomfort.* Local inspection discloses a long conical cervix, with an os scarcely discernible, it being so small that with the greatest difficulty the finest probe was inserted. There was, however, no stricture at the os internum.

The foregoing typical cases represent that which is encountered in the ordinary experience of the busy practitioner. If it were necessary and space permitted, this list could readily be extended with additional cases of dysmenorrhœa wherein the

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organic conditions, indicated treatment, and results combine to illustrate the impossibility of any uniform therapeutic plan being practicable in a given number of instances. If clinical experiences justified us in assigning to a limited number of well-developed conditions the origin of the sufferings connected with dysmenorrhœa, or if we could truthfully present some special therapeutic measure for their relief, it would be extremely gratifying.

Specious doctrines may read charmingly in the study, and will not fail to hold the credulous mind; but it is only when we carry these theories to the bedside that we realize the meagre relation existing between them and clinical facts. So many of our undertakings result contrarily, that an elaboration of this is discouraging; but so much has been written upon this subject in a spirit of positivism that we are compelled to assume an attitude partaking somewhat of negation. Let it not be inferred that we have any wish to cast discredit upon the prevailing theory—mechanical obstruction; on the contrary, we hold that the procedures based upon it are indispensable in the management of dysmenorrhœa: but obstruction to the egress of the flow is only one cause out of many, and the list of expedients from which we must select is as long and varied as the etiology of the malady is complex and diversified. In estimating the relative importance of the chief predisponents, we would place mechanical obstruction first, and assign to this cause about forty per cent. of all dysmenorrhœic cases.

2d. To congestion and inflammatory processes, thirty per cent.

3d. To neuralgic and sympathetic influences, twenty per cent.; and the residue to the emotional or irritable diathesis.

To the first class belong stenosis, flexions, neoplasmata, tumors, atresia of the vagina, etc.

In the second class we have ovaritis, cellulitis, salpingitis, perimetritis, endometritis, and plethora from cardiac, portal, or renal affections.

The third includes those cases dependent upon spinal irrita-

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tion, reflected disturbance, such as may arise from mental perturbations, dyspepsia, anæmia, perversion of the vital forces by over-study during ovarian and uterine development.

To the hysterical or viciously spasmodic temperament belongs the remaining percentage of cases, the origin of which is as vague as that of certain forms of vaginismus or pruritus. Each condition, under the several headings, might be divided and subdivided, but would unnecessarily prolong this article and might tend to confusion.

There are five forms of dysmenorrhœa customarily recognized —obstructive, congestive, neuralgic, ovarian, and membranous. In the early stages of any of these forms the symptoms are more clearly distinctive; but when the disease has been long established, it is not always possible to distinguish the variety, from the fact that the morbid conditions peculiar to one form of dysmenorrhœa are disposed to coalesce with or propagate those conditions peculiar to other varieties, and therefore we frequently find a commingling of symptoms and states.

Omitting the discussion of the differential diagnosis of the several varieties of the disease, together with that of the various congenital and acquired contributing influences, we will give a passing notice to that condition which is not sufficiently recognized, viz., the *temporary* occlusion which exists only at the time of the molimen.

The canal may be quite patent during the menstrual interim, but at the period through turgescence, or, what is more frequent, the clonic spasm excited, the canal becomes so constricted as to refuse ready entrance to a delicate probe or the free egress of the uterine exhalations. Many recognize in this temporary occlusion a physiological process, or, in other words, the mere thickening of the endometrium and increased volume of the uterus consequent upon menstrual turgescence. This view, however, we believe to be erroneous, for investigation demonstrates that in the healthy uterus the canal is more patulous at the period than during its quiescence. Moreover, we have frequently observed uteri, so bent and impervious during the interval as to

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interfere with the insertion of a probe, become much straighter at the time of the menses, and so patulous as to greatly facilitate the introduction of sounds or tents. We maintain, therefore, that the constriction of the canal at the period is not a physiological, but a pathological, phenomenon. Furthermore, the periodical occlusion of the canal is often associated with more severe suffering than when the impediment is caused by a permanent organic deformity. It is reasonable to suppose that this accession of painfulness depends somewhat upon a diseased state of the uterine tissues, and that the same morbid condition that induces irritability and spasm of the uterus also affects the character of the exhaled blood, rendering it more coagulable. Hence we have the clot-formative influence and the irritability abetting each other and intensifying the suffering. It is not readily determined to what this periodical occlusion of the uterus is due. In some instances it would seem to be engrafted upon a rheumatic or gouty diathesis; in others, to ovarian irritation. Again, it would appear that the nerves of the uterus are at fault. Be the cause what it may, careful discrimination is demanded, since it is of frequent occurrence and will not yield to the ordinary operative procedures for the relief of dysmenorrhœa, but, on the contrary, is sometimes aggravated thereby. It is obvious, therefore, that after we have diagnosed a case of obstructive dysmenorrhœa, there are numerous concomitant circumstances to be considered before we proceed to operate for the removal of the obstacle. To hastily incise or dilate an irritable or congested womb, would certainly be reprehensible; and the same may be said when there exists a well-marked gouty or rheumatic diathesis, unless there coexist a positive and abiding constriction of the canal. Should there be the slightest evidence of pelvic inflammation present, the appropriate regimen of rest, hot vaginal douches, glyceroles, and iodine must be instituted and assidulously pursued until all indications of cellulitis have disappeared. This course will of itself often greatly mitigate the menstrual sufferings, and may modify our anticipated treatment. These preparatory measures will be advisable in the majority of cases of long standing, for thereby the excessive irritability so

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frequently encountered (and that constitutes a serious impediment in the way of treatment) is allayed. Having decided that there exists an abiding cause of the dysmenorrhœa in the form of a tangible obstacle, the question to be decided is, what measures shall we adopt for its removal? The division of the circular fibres of the cervix with the uterotome or other suitable instrument unquestionably removes the obstruction most speedily; but that procedure is not a pleasant one to contemplate which necessitates the mutilation of the organ, and may give rise to dangerous hemorrhages or serious pelvic inflammation. Besides, the divided fibres are strongly disposed to reunite or approximate, so that, unless great care be employed in keeping the canal dilated, in a few months the constriction returns as bad as before the operation. Also the cicatrix, which is a sequence, may occasion no little annoyance. We know that this cutting operation has been strongly advocated for the straightening of a tortuous canal caused by flexure of the uterus; but this seems to us a very questionable expedient. When there exists no other possible way of restoring the normal conformation of the womb (which happily is not usually the fact), it may be justifiable. Uterotomy is a very valuable measure where there exists a well-defined stricture of the canal, complicated with a viciously spasmodic or exceedingly sensitive state of the generative tract. In these cases gradual dilatation entails so much suffering that it is often wholly impracticable. A free division of the spasmodic uterine fibres is a procedure analogous to the division of anal sphincters for the cure of irritable fissures and ulcers of the rectum.

The rapid divulsion of the cervix by powerful stretching appliances is a familiar means of enlargement. The objections to this latter operation are, first: the shock that may ensue (amounting sometimes to hysterical tetanus), nervous fever, the rekindling of latent cellulitis, and the formation of perimetric abscesses. While both these operations are worthy and available in suitable cases, we must bear in mind these possible unfavorable contingencies. As before stated, we prefer gradual dilatation, deeming it safer and the results more permanent; but we fre-

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quently find such excitability and hyperæsthesia, that even a digital examination causes severe suffering, while the presence of a small probe within the uterus will excite such paroxysms of pain as to compel desistance from further proceedings while the patient is conscious. For these reasons, when we are to dilate or incise the canal we always administer ether, selecting it in preference to any other anæsthetic on account of its peculiar relaxing properties. In several instances where we have employed chloroform it was impossible to produce insensibility of the perineal parts, even when pushed to its limits.

The operation I have adopted for the incision of the uterine canal, differing in some of its features from those usually recommended, may be briefly described. It is premised that the cases selected for this operation are complicated by hyperæthesia, a markedly constricted canal, and, as a rule, flexure. The operation will be worse than useless unless we can prevent the reunion of the cut surfaces, and secure the permanent dilatation of the canal as well as the straightening of the flexure. For the attainment of our object, we first prepare several flexible stems or plugs in the following manner: a steel wire spiral spring, two inches long and an eighth of an inch in diameter, with one end closed with a drop of solder, is wrapped neatly and evenly with surgeons' cotton, after which a few turns of fine silk thread fastens it upon the wire, and a strong silk thread is attached near the open end for its future removal. A number of these should be made from which to select, varying from one-fourth to five-eighths of an inch in diameter. Several hours before use they should be placed in a five per cent. solution of carbolic acid. After the patient is fully etherized and placed upon the left side, a White's uterotome is inserted, its blades exposed after they have passed the os internum, and the instrument withdrawn, making the incisions bilaterally.* This instrument is easily inserted, owing to its small size; but the incision it secures is quite superficial, being not more than a sixteenth of an inch in depth, and consequently insufficient. It however prepares the way admirably for the use of Simpson's uterotome, which is next inserted,

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and a deeper incision made along the posterior and then along the anterior wall of the uterus, extending from above the os internum outward. We prefer the antero-posterior method for two reasons: first, the danger of encountering the circular artery is avoided; second, the division of the fibres in this direction aids us in straightening the flexure which usually exists. The depth of these incisions must of course be determined by the thickness of the uterine walls, about an eighth of an inch being the average requirement. After the cutting, one of the flexible plugs is selected, and pushed within the canal with the aid of an ordinary steel tent-carrier, and, should no contra-indications arise, it is allowed to remain several days. Not unfrequently, however, the hyperæsthesia will compel its earlier removal; in which case we allow two days' non-interference, in the meantime using the hot carbolized vaginal douche twice daily, after which a large steel or vulcanite dilating sound is passed within the canal every second day, to prevent reunion and a return of the former constriction. Should active hemorrhage ensue, we pack the cervix with bits of carbolized cotton, secured by fine silk threads and impregnated with alum. We object to the persulphate of iron styptic, as it causes the cotton fibres to become quite firmly attached to the tissues, rendering the removal difficult, and often producing hemorrhage in so doing. When the patient is married, the methods adopted by Drs. Emmet, Sims, and Thomas may be preferred; but when a virgin (as is usually the case), the visual operation often necessitates the sacrifice of the hymen, which misfortune can be averted by the method we have described.

Should rapid dilatation by the steel divulsor be decided upon, we should guard against attempting too much or dilating too rapidly. It is much safer to make two or even three sittings, and to employ a full half hour in the dilating, than to hasten the procedure and thereby incur the risk of producing a pelvic abscess, thrombus, or nervous complications. After the canal has been rendered sufficiently patulous, and the dysmenorrhœa relieved, we must bear in mind the probability of a relapse, unless for a long time suitable sounds be occasionally passed, or, what is more

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efficient when endurable, the wearing for some time of an intra-uterine stem has been recommended. We will now consider the management of those cases adapted to gradual dilatation. It is a well-recognized fact that the condition of the tissues from which blood is discharged plays an essential part in coagulation, and it is beyond question that a morbid state of the uterine textures directly favors the formation of clots in the monthly exhalation. To expel these, the uterus is impelled to clonic expulsion, even where there exists no preternatural narrowing of the canal. From personal observation, I am convinced that all the general expressions of obstructive dysmenorrhœa may be displayed with an absence of actual obstruction. With this theory in view, as well as the securing of an enlargement of the canal, I adopt the employment of medicated sponge-tents. By the use of these agents we can apply directly to the diseased utricular glands and morbid surface the appropriate medicament, produce effective compression of fungus growths and vascular tissues, and at the same time secure the patency of the canal. I am fully aware that certain authorities condemn the sponge-tent; but after careful observation am confident that, with due precaution, it is as harmless as any form of intra-uterine treatment. This opinion is also entertained by many trustworthy authorities, who assert that, during many years of constant employment, they have never witnessed any unfavorable results that were directly attributable to the sponge when proper care and intelligence had been respected in their preparation and management. It is argued by some that in the tupelo and laminaria varieties we have cleaner and equally effective agents. The greater cleanliness we concede; but it is their only recommendation, and they can never satisfactorily substitute the sponge-tent.

In the first place, they cannot be made a vehicle for medication. Secondly, they are straight and rigid, and consequently cannot be as readily introduced within a tortuous canal. It has been our experience to find them excite more discomfort, and they have a decided proclivity to slip out. When we have to deal with a case requiring the use of the tent, we preface the

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treatment by assuring ourselves that there exists no perimetric inflammation; then, by the aid of a flexible probe, we ascertain the conformation and the state of the uterine canal. Should the diagnosis be favorable, we postpone further treatment for a few days, in the meantime preparing our sponge-tent, which should be sufficiently small, appropriately curved, and long enough to extend half an inch beyond the os internum. Tents purchased at the shops are not always reliable, apt to be old, hard, and worthless, and beside all this their antecedents may not be pure. Since reliability of material and manner of preparing the tent are essential features in the treatment, we will describe the mode of preparation. The first step is to secure a fresh unbleached sponge, cleanse thoroughly by washing in tepid water, cut into desirable sizes, and macerate for a few hours in a five per cent. solution of carbolic acid. Next impale it upon a steel stylet, which must possess a good firm handle. The stylet should be suitably curved to correspond with the obliquity of the uterus, previously ascertained, and sufficiently long to protrude entirely through the sponge. While still moist we can impregnate it with any drug we desire to come in contact with the endometrium. If the case be complicated with slight endometritis, pulverized borax may be employed. If there be a severer form or evidence of chronic catarrh or granular growths; alum, borax, and cane sugar, equal parts, should be rubbed into the sporules of the sponge; or hydrastin, iodoform, iodine, or sanguinaria may be used when plastic infiltration is present. It is then wound evenly and firmly with a fishing-cord, each turn of which should receive even tension and be in close contact with the preceding turn. It is then subjected to gentle artificial warmth until thoroughly dry, when it may be unwound, and, after the surface has been sand-papered, a silk thread adjusted, and a light coating of melted wax applied, the stylet is removed, and we have a reliable article ready for use. The coating of wax protects the sponge from the secretions, and thereby enables us to dispense with the speculum —a desideratum in the treatment of virgins. The insertion can then be accomplished carefully and deliberately with the aid of a

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tent-carrier in the same manner as the uterine probe is inserted. This tent is allowed to remain within the canal from four to forty-eight hours; and upon its removal, providing no unfavorable symptoms have developed, a smooth piece of dried slippery-elm bark, of a somewhat larger size than the sponge-tent, is substituted. To insure its retention within the uterus, we must pack around the cervix a tampon of carbolated cotton. This may be worn a day or two; and, after its removal, a few days' rest is allowed, when the same course may be repeated, with an increase in the size of the dilators proportionate to the enlargement of the canal.

The best time to institute this treatment is about the middle of the menstrual interim. To guard against accidents, the intra-uterine operation should be performed nowhere but at the home of the patient, who should be kept warmly in bed while undergoing the treatment.

The majority of accidents connected with intra-uterine manipulation are the result of failing to keep perfectly quiet during the time.

Four days previous to the menses a series of large ebony sounds may be passed, or a tupelo tent retained within the canal for a few hours. About the middle of the following month this procedure may have to be repeated; after which the occasional passage of a large-sized sound will usually prevent a return of the stricture. Should the case be complicated with obstinate flexure, we may have to employ an intra-uterine stem.

Flexures of the uterus produce dysmenorrhœa in several ways. The bending of the uterus upon itself may cause the walls to approximate, and so impede the egress of the menstrual fluid; but this is not the chief source of the suffering, as some maintain. That the mere bending of the canal does not necessarily induce dysmenorrhœa is evidenced by the fact that the cervix is frequently deflected quite abruptly, and the menses still be performed painlessly. When, however, the flexure is above the cervix, it is invariably associated with dysmenorrhœa. When the organ has assumed the form of a retort, the pendant fundus enlarges, its cavity likewise dilates, and thereby favors the retention of the

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blood. The bending of the uterus and constant twisting of the broad ligaments must necessarily interfere with the circulation of the parts, and thus a morbid state of the tissues is perpetuated. Finally, in flexures of the walls of the uterus there has ensued an interstitial effusion and organization of lymph, which induces a condition analogous to that of the male organ, known as chordee. During uterine quiescence the restricted tissues and nerves may occasion no inconvenience, but the turgescence consequent upon menstruation will usually excite intense spasmodic pain. It should be understood that we are now speaking of flexures above the cervico-uterine junction. If we pass a probe along the canal, the seat of flexure will be detected by the exquisite pain experienced when it is reached. The straightening of the organ also causes marked suffering. The correction of this malformation is seldom readily accomplished, and, in undertaking the task, we must be prepared to proceed slowly and exercise extreme caution. The first step in the process is the full dilatation of the uterus, with the sponge-tent impregnated with hydrastin and cane sugar, equal parts. This combination exerts a resolvent effect upon the infiltrated tissues. The tent should be worn from one to two days, and repeated after an interval of one week. Two or three days subsequent to the removal of the second tent, a straight vulcanite stem should be inserted, and, with the aid of cotton pledgets placed in the vagina, the uterus is correctly positioned. Should the vagina be capacious and its walls flaccid, with a disposition of the uterus to resist reposition, the combined vaginal and stem pessary will prove a valuable agent. This instrument is made of one continuous piece of vulcanite, but the tongue connecting the uterine and vaginal portion is so tempered as to be quite flexible. It is readily inserted by causing the whole to assume a parallelism; and as the stem enters the uterus, the vaginal portion advances within the vagina; at the same time the cervix is carried back into its normal position and the fundus anteverted. The carbolized cotton pledgets, moistened with a saturated solution of glycerine and alum, will fulfill all requirements in the virginal cases—and for the matter

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of that, in many of the married ones also. The wearing of these vulcanite stems must be instituted gradually and cautiously, since haste or carelessness in the beginning may result in pelvic inflammation and permanent defeat of the undertaking. With due care mishaps may be avoided and the uterus trained to tolerate the foreign body, which may finally be worn for many consecutive weeks, till the uterus has taken on new tissue-formation and has become fully accustomed to its normal condition. We reiterate in this connection the importance of extreme caution in all intra-uterine treatment, especially when the situation is complicated with a possibility of ovarian or tubal inflammation. When the menstrual life has been delayed or inaugurated with severe suffering, we will sometimes find that a congenital malformation of the uterus, or an arrest of the development of the organ, originates the difficulty. The uterus may be long and spindle-shaped, with a proportionately narrow canal, or it may be infantile in its dimensions. This rudimentary condition undoubtedly involves the ovaries as well.

As heretofore suggested, perversion of the vital forces through excess of mental to the exclusion of physical training usually lies at the root of this difficulty. While exercise in the open air, rowing, walking, and horseback-riding are indicated, they will rarely of themselves secure the desired result. Dilatation of the uterus, with an occasional wearing of the galvanic stem pessary, will greatly aid the development of the womb and ovaries through the increased capillary action, induced by the stimulating qualities of this form of pessary. The instrument we have devised for the accomplishment of this purpose is constructed of alternate zinc and copper rings, insulated with others of vulcanite, placed upon a vulcanite stem, and secured by a tip screwed upon the end, the whole forming a miniature voltaic pile, which can be inserted with the point of a long steel stylet. This instrument should be introduced about the middle of the interval, and retained from a few hours to a week or even months, according to the toleration evinced by the uterus and the results secured. The hot vaginal douche, followed immediately by a half pint of

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cold water, secures capillary tonicity, and may be employed at night just before retiring.

It will be understood that discrimination, patience, and gentleness are essential features in the foregoing proceedings.

In the discussion that ensued—

Dr. Fowler stated that there existed, under certain conditions, one form of dysmenorrhœa which was not mentioned by the author of the paper. This is characterized by a very well-defined acidity of the secretions; and where this peculiarity is present, the true dysmenorrhœic symptoms do not begin until from twelve to twenty-four hours subsequent to the beginning of the menstrual flux. They continue for a time, then cease, to commence again after an interval of variable length. May not this acidity have something to do with the causation of the dysmenorrhœa?

Dr. McMurray inquired whether the speaker was in the habit of introducing the intra-uterine galvanic stem into the undeveloped uterus.

Dr. Donaldson replied that such was his custom, provided no complications happened to exist, and the stem could be retained *in situ*. He distinctly remembered one case, in the management of which the procedure was followed by the most satisfactory results. Only a portion of the paper had been read, he went on to say, and the indications for the use of the galvanic stem, as well as a description of the variety of dysmenorrhœa referred to by Dr. Fowler, are fully detailed in the section that had been omitted.

The second paper of the evening was read by *Dr. Searle*, on "Medical Chips."

In introducing his topic, the speaker said that during twenty-five years of active practice it had been his habit to conscientiously keep an "Index Rerum," in which he had noted a great variety of items that possessed medical interest, and which were derived from every attainable source. It had proved of so much service to him that he was inclined to regard it as one of the most valuable books on practice in his possession. It had occurred to him

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that if the Fellows of this Society were to follow the same or a similar plan, their combined efforts might evolve contributions that would eventually prove of the greatest practical value; then, after the success of the plan had been ensured, said contributions should be properly published, either in connection with the regular volume of "Transactions," or in separate book form, and edited by some Fellow appointed by the Society. In adopting a plan of this nature, as a matter of course many items will become incorporated which, practically speaking, will be of little or no value. Still there can be no question about the necessity for a physician who is anxious to keep abreast with the medical literature of the day to obtain information from every available source, and the only way for him to accomplish the desired end is to read and cull everything that seems to be of service. The suggestions presented may then be tested, and those that stand the test may be classed accordingly, while those that do not may be thrown aside as worthless. The practicability of some such plan may be readily understood, said the speaker, and it is with a view of ascertaining the ideas of the Fellows on the subject that he proposed to present the following items, taken at random from his own "Index" He accordingly read items on the following subjects: Abortion, Acne, Aconite, Æsculus, After-pains, Angina Pectoris, Alopecia, Suspended Animation, Aneurism, Anasarca of Bright's Disease, Amenorrhœa, Amaurosis, Aphthæ, Aphasia, Asthma, Ascarides, Atropine, Ascites, Baby-food, Basidow's Disease, Bandages, Bearing-down Pains, Bed-sores, Irritable Bladders, Biliousness, Boils and Whitlows, Brain-fag, Bright's Disease, Bronchitis, Burns and Scalds, Buboes, Catarrh, Urinary Calculi, Cancer, Catheter, Cholera, Chloral Poisoning, Chilblains, Chordee, Chills, Constipation, Cough, and Convulsions.

In referring to the extract on "Angina Pectoris," *Dr. McMurray* inquired if any of the Fellows had employed the nitrite of sodium in the management of the disease. The remedy had been highly recommended in a recent issue of one of the English periodicals.

Dr. Hallock regarded the plan broached by Dr. Searle as ex-

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ceedingly valuable and worthy of the heartiest commendation. He has kept an "Index Rerum" for many years, although in a somewhat different manner from that suggested by the speaker. His custom had been to interleave Hull's Jahr, and upon the additional pages to note down items of practical interest. He now regards the book, thus added to, as one of the most valuable in his possession.

Dr. Fowler was of the opinion that the scheme would prove of unquestionable practical service only so far as the suggestions for treatment, etc., incorporated in these condensed extracts have been tested and found correct. They should be grouped together, and then confirmed, not simply by a single trial, but by a large number. Otherwise physicians might easily be misled, and no real and permanent good could be accomplished. On the other hand, should the items, subsequent to repeated and exhaustive confirmation, be then presented before the Society, they would be of undoubted value, and worthy of publication in some form.

In referring to an extract on "Carbuncles," cited by Dr. Searle, *Dr. Donaldson* testified to the wonderful efficacy of basilicon ointment in relieving the intense pain incidental to the trouble.

Dr. John Butler had found sanguinaria of great value in the treatment of catarrhal lesions. He does not employ it in the form of powder, but prefers the fluid extract, applied by brush to the diseased membrane. He also uses the tincture in combination with the tincture of myrrh, and water for insufflation. The proportions are as follows: Tinct. of sanguinaria and tinct. of myrrh, each half an ounce; water, six ounces.

Dr. Minor has noticed that some patients are peculiarly susceptible to the effects of sanguinaria, and that whenever the drug is employed in such cases the results are anything but agreeable.

Dr. McMurray has always regretted that it has never been his custom to keep an "Index Rerum," and fully appreciating the need of it in his own case, he has invariably advised his students to adopt some such plan as the one suggested by Dr. Searle. He heartily approves of it, if properly conducted. With regard to the item on "Cholera Infantum," he was reminded of one very impor-

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tant desideratum in the management of this so often fatal disease, and that is the necessity of rest. At one time he had a patient under treatment, and a great multiplicity of remedies were administered, but to no avail. The child was excessively restless, could obtain no sleep whatever, and appeared in consequence to be approaching the fatal issue with great rapidity. A physician advised the exhibition of opium in small doses. It was given accordingly, with the most satisfactory results, and the child recovered.

Dr. Searle said that, in view of the possible tediousness that might attend the reading of such contributions as he had recommended, it might be advisable to have them first condensed, arranged in proper shape, and then presented. In his opinion the most profitable meetings of the Society had invariably been those during which no formal papers had been read, the time being occupied by the citation and discussion of clinical cases and the like.

Dr. Minor concurred in the statements advanced regarding the practicability of some such plan, but he did not altogether approve of the idea of incorporating papers of the nature described with the regular volume of the "Transactions." Dr. Fowler's idea he regarded with favor.

Dr. Searle expressed his satisfaction with the direction assumed by the discussion, and thanked the Fellows for their words of commendation.

On motion, a committee, consisting of Drs. Searle, John Butler, and Hallock, was appointed by the President to take the matter into consideration, and report at some future meeting.

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EDITORIAL NOTE.

It is due the authors of the papers read before the Society to say that, with the exception of the President's Annual Address, all formal contributions appear in the "Transactions" in the form of abstracts prepared by the Secretary, reference being made in foot-notes to the date and place of publication of the same.

CLARENCE E. BEEBE, M. D.,
Editor.

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APPENDIX A.

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MEMBERSHIP OF THE NEW YORK MEDICO-CHIRURGICAL SOCIETY.

FELLOWS.

T. F. ALLEN, 10 East 36th street.
Medical Department Univ. City of New York.
1861.
Thesis.
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J. F. ATWOOD, 307 Cumberland street, Brooklyn, L. I.
College Physicians and Surgeons.
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WM. J. BANER, 20 West 47th street.
New York Medical College.
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"Food and Air."
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CLARENCE E. BEEBE, 21 West 37th street.
Medical Department Univ. City of New York.
1873.
Thesis.
"Laryngeal Growths."
Unpublished.

GEO. E. BELCHER, 522 Madison avenue.
College Physicians and Surgeons.
1839.

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JOHN BUTLER, 102 East 22d street.
Edinburgh College of Physicians.
1864.
Dublin College of Surgeons.
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N. Y. Hom. Medical College.
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WM. M. BUTLER, 393 Gates avenue, Brooklyn, L. I.
College Physicians and Surgeons.
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L. DENNIS, Newark, N. J.
College Physicians and Surgeons.
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EDWARD P. FOWLER, 10 East 41st street.
New York Medical College.
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EGBERT GUERNSEY, 526 5th avenue.
Medical Department Univ. City of New York.
1846.
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"Puerperal Convulsions."
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LEWIS HALLOCK, 34 East 39th street.
College Physicians and Surgeons.
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WM. TOD HELMUTH, 299 Madison avenue.
Hom. Med. College of Pennsylvania.
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W. S. KIMBALL, Eatontown, N. J.
Lexington Medical College of Kentucky.
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Thesis.
"Diabetes Mellitus."
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MALCOLM LEAL, 154 West 34th street.
N. Y. Hom. Medical College.
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Thesis.
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Medico-Chirurgical Quarterly, October, 1881.

SAM'L LILIENTHAL, 228 West 34th street.
University of Munich.
1838.

ROB'T MCMURRAY, 234 2d avenue.
Western College of Physicians and Surgeons.
1840.

H. B. MILLARD, 4 East 41st street.
Medical Department University City of New York.
1858.
Thesis.
"Bright's Disease."
Unpublished.

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JOHN C. MINOR, 10 East 41st street.
College Physicians and Surgeons.
1865.
Thesis.
"Contributions to Practical Surgery."
Unpublished.

E. V. MOFFAT, 149 West 44th street.
N. Y. Hom. Medical College.
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APPENDIX B.

METASTASIS.

By Lewis Hallock, M.D., President.

The Regular Annual Address delivered before the New York Medico-Chirurgical Society, November 12, 1878.

Gentlemen:

The By-Laws of our Society require an annual address at the November meeting. As no member has been appointed to that duty, it seems by usage to devolve on the President. Instead of addressing you on the subject of medical education, on the gratifying evidence of the increasing success of our system of practice, or any of the social or political interests of our school, I ask your attention simply to some remarks on the subject of "Metastasis," a theme especially interesting to homœopathic physicians, though, so far as I have noticed, rarely mentioned in our periodical literature.

The metastasis of disease denotes simply "a change of place," as the derivation of the word implies, but, as employed in ordinary use, includes those changes in *form* as well as place by which one disease, often of a different character, substitutes or removes another.

Every observant physician must have seen frequent instances of disease thus transferred to another part of the body, but often supplanted by symptoms entirely unlike the original disorder.

These changes, when sudden and violent, readily receive the prompt notice of the medical attendant, and to such changes the term seems to be generally restricted. But does not the occurrence of deafness, dementia, or insanity after suppressed eczema;

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the appearance of asthma, bronchitis, or phthisis, after checked perspirations, suppurations, or hemorrhage—though often weeks or months precede the change—as much deserve the name of metastasis as the sudden transfer of mumps to the testes, or erysipelas to the brain? And might not metastatic disease be properly divided into the acute and chronic—the former being sudden and severe, the latter gradual and insidious? It is to this form of these diseases, so stealthy in their approach, and often so fatal by transfer to organs of vital importance, that the early and watchful attention of the practitioner is required. The *cause* of this erratic change of disease has occasioned much discussion, and has been attributed to different pathological conditions according to the diverse theories of different writers. By most of the early authors, and those who favor the humoral pathology, it was considered a translation of morbific matter from one seat or focus of disease to another, and was deemed a strong confirmation of their favorite theory.

Among the solidists and by most pathologists of the present day it is regarded as simply a transfer of *irritation* from one location to another, the points of invasion and the character of the new disease being determined not so much by new deposit of the *materies morbi* as by a certain predisposition of the newly-affected organs.

The *predisposing* cause may be *constitutional* from similarity of structure and function, or may be *acquired* by the increased susceptibility produced by disease. Many metastatic changes are evidently caused by such intimate structural or sympathetic relation between the primary and secondary seats of disease; but numerous instances also occur in which no such relations appear to afford satisfactory explanation of the phenomena.

The theory of psoric miasm, so ably stated and maintained by Hahnemann, is thought satisfactorily to account for the occurrence of *metastatic* as well as *chronic* disease, and many of the cases adduced by him as proofs of the existence of psora afford equal evidence of a constitutional tendency to metastasis.

To the homœopathic physician who has observed the numerous

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instances of internal disease succeeding the suppression of cutaneous eruptions, the subject of metastasis has a special interest, as confirmation of the truth of the psoric origin of such diseases, and indicating the best treatment for their removal. And such knowledge of the tendency of certain morbid conditions to remove to more important and vital organs—some by sudden and violent transition, others by gradual and insidious development—enables him to anticipate the apprehended danger and successfully mitigate or prevent it. Hence, if, during the progress of acute rheumatism, dyspnœa, palpitation, or pain in the pectoral region ensue, immediate attention will be given to the heart, or if, in erysipelas, pain in the head, delirium, or stupor occur, equally prompt effort will be directed to the brain. Inattention to such warnings has doubtless caused many cases to suffer a fatal metastasis, which by timely care might have been prevented; and it is not unreasonable to believe that numerous instances of such sad transfer have resulted from the past heroic depletion and cold repelling lotions of the old-school treatment. For observation proves that such changes occur most frequently in *acute* disease at the period when the active symptoms have been subdued by vigorous measures, and the case promises a favorable convalescence, and in *sub-acute* or *chronic* cases (especially of cutaneous diseases) when the primary disorder has been overcome—repelled by astringent applications. But aside from the cases that may be charged to ignorance or injudicious treatment, the numerous instances of metastasis that occur in the practice of the most careful and experienced physicians attest their frequency and the importance of knowing when to expect and how to treat them.

Careful observation may enable us to learn in some useful degree the *time* or *period* of such changes in the progress of disease. So far as my own observation may be mentioned, that time has seemed to be, in *acute* disease, when the active stage has nearly subsided and the symptoms have so far yielded as to encourage expectation of speedy convalescence, as, when mumps is supplemented by orchitis, erysipelas by phrenitis, rheumatism

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by carditis, etc., etc. And that, in *chronic* disease, the change occurs at later indefinite periods, often after the patient has regained apparent health, and weeks or months may intervene before the stealthy secondary disease appears, as, when eczema, suppressed or apparently spontaneously cured, is followed by cough, indigestion, diarrhœa, and other disorders of the mucous tissue, or herpes, impetigo and other pustular eruptions by asthma, phthisis, insanity, etc.

Examples of metastatic changes are often seen in the alternation of diseases, as when bronchitis or pneumonia is transferred to the brain, the resulting phrenitis or coma being relieved by the return of pectoral symptoms, and these again by transfer to the head.

Cases not a few are reported of such repeated transitions from chest to head, or skin to bowels, in which one set of symptoms subside, with more or less celerity, upon the return and increase of the other.

The retrocession of herpes, eczema, and other cutaneous affections, to the bowels, chest, or brain, and the relief of these important organs by reappearance of the eruption, are familiar examples of such alternation.

Within a few weeks I have treated an old patient, in whom eczema of the leg has thus repeatedly alternated with attacks of diarrhœa for several years, the return of the eruption always removing the diarrhœa and improving the general health.

In diseases of metastatic character may, we think, be properly included hemorrhages of the liver, stomach, lungs, etc., following indiscreet suppression of cutaneous eruptions, chronic ulcers, etc. The suppression of profuse sweatings, of epistaxis, and bleeding hemorrhoids, of large suppurating sores, and other discharges, producing, as the records of medicine abundantly show, epilepsy, insanity, phthisis pulmonalis, and like maladies of fatal character, are also examples of this class of diseases. The surgical removal of malignant, glandular, and cutaneous affections, as scirrhus and carcinoma, has so often entailed subsequent development of fatal internal disease, that some surgeons (among whom I may name the late eminent and experienced Dr. I.

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Kearney Rodgers, of our city) have utterly refused to excise or remove them. A friend and patient of my own, some years since, submitted to the removal of an enlarged, cancerous breast, and returned to her distant home rejoicing, and happy in her relief and apparent cure; within four months succeeding, the liver was attacked with melanotic disease, inflicting terrible suffering and a fatal termination in five or six weeks—the post-mortem showing entire destruction of the organ, and a change of its whole tissue to the appearance and consistence of a huge sanguineous coagulum.

A similar case occurred during the past summer, in which the removal of the breast was soon succeeded by cancer of the colon and speedy death. These cases are mentioned not so much to condemn the operation of removal (often urgently desired), as to show, in the light of our subject, the necessity of cautious diagnosis and prognosis in deciding whether to operate at the risk of subsequent fatal transfer to internal organs, or advise endurance of the primary disease as the less of two evils and as most likely to prolong the life of the suffering patient.

An important practical inquiry is, by what means can we best restore the primary disease whose disappearance has produced the more serious secondary disorder?

Though in many cases of the most formidable character, where transfer has been made to the brain, lungs, or heart, such efforts are too often unsuccessful, yet experience has shown, especially when caused by repelled eruptions, gratifying results from remedies most homœopathic to the whole pathological condition, and that the remedies best adapted to cure the secondary affection are often precisely those most effectual in removing the cutaneous disorder. Among those most frequently useful are sulphur, lycopodium, mezereum, and nux vom., their effect being often promoted, in strict accordance with the law of "similibus curantur," by external heat, stimulating frictions, and even epispastics, to invite restoration to the skin. Have we not, in the light of our therapeutic law, an explanation of the benefit often resulting from such applications?

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In many respects the changes of metastasis show no little analogy to those of *crisis*, as seen in the course of continued and typhoid forms of fever. The former occur usually, as before stated, about the time of the *decline* of the active stage of disease, or after returning convalescence; the latter at such definite periods, and with such marked changes, as to have received the designation of "critical days," from the earliest history of medicine. In metastasis the change is usually from mild to severe, the primary being superseded by more serious secondary disease. In crisis the symptoms may be benign or malignant, indicating a hopeful or fatal prognosis as the recurring days develop the character and progress of the advancing fever. Both manifest characteristic variations, and illustrate the tendency to *periodic* changes in the progress of most human diseases. The history of metastasis has shown the singular fact that such changes, though usually occurring only in sporadic cases, have in some epidemics been remarkably numerous. In certain epidemics of measles it has been observed that imperfect development of the eruption, and transfer of irritation to the lungs, occur so *often* as to require unusual care to prevent subsequent pneumonia and phthisis.

The same remark applies to erysipelas, which in some epidemics and seasons is more frequently transferred to the brain than in others. Occasional epidemics of parotitis have been distinguished by such tendency to metastasis. Underwood describes an epidemic of mumps, in which *most* of the cases were confined to the testes, a few being subsequenty transferred to the parotids, and other writers have reported similar irregularities.

A remarkable instance was published, some years since, in a British journal, in which twelve cases occurred on shipboard, *all* of which affected the testes, and two ended in transfer to the brain. These patients were all adults, to whom such metastasis is almost confined, as it rarely occurs before the age of puberty.

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THE HOMŒOPATHIC PRINCIPLE AN ADVANCE IN MEDICAL SCIENCE.

By Geo. E. Belcher, M.D., President.

The Regular Annual Address delivered before the New York Medico-Chirurgical Society, November 11, 1879.

Fellows of the New York Medico-Chirurgical Society :—

The By-Laws of our Society make it imperative that an *annual discourse* be delivered at the November meeting. As no direct provision has been made for such a discourse, your President has felt it incumbent upon him to see that the law be observed, and he has undertaken to discharge the duty, although fully aware that, owing to peculiar hindrances for some time past, he will scarcely be able to do justice to the present occasion ; still, such as he has to offer, he offers freely and unreservedly.

We have now had an existence, more or less organized, for over a year ; and I do not hesitate to say that, during that time, work has been accomplished which would have done credit to any scientific society. Papers have been read which have shown advantageously the erudition and practical abilities of their authors ; discussions have been had which have brought out evidences of learning, of the spirit of independent investigation, and of painstaking clinical observations. Considering that most, if not all of us, are engrossed in the practice of medicine and surgery, with all its cares and discouragements, and that in consequence we have few of those scientific laborers who can devote themselves mainly to investigations more or less abstract or protracted, we may congratulate ourselves upon what the Society has already accomplished. We may also, with good courage, persevere in the great object of our organization, viz., the *advancement of medical science ;* and being really catholic in spirit, intend-

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ing to resist all prejudices, willing to learn the truth and to pursue it, we may properly, I think, reserve some of our energies for the accomplishment of that result.

When we speak of the advancement of medical science, it may be profitable for us to consider what is meant by these words. Clearly, it is the object-point of all studies, investigations, researches, and histories of diseases, whether of individual cases or of communities. It is the searching for some principle or principles which, each in their peculiar way, will guide the practitioner and give him aid and comfort in his efforts to prevent and cure disease. It is the arranging of all knowledge toward the construction of some comprehensive view that will direct and assist in cultivating the natural abilities of those who pursue the art, and save them from dependence upon the uncertain and, too often, fallacious result of empirical observations.

While the substantiation and refinement of the results of experience are the objective points of all scientific investigations, there are so many changes going on when disease interrupts the workings of the complex physiological laws of the human organism, that it is often, and perhaps generally, difficult to decide to what causes these changes are attributable, and to what extent they have been varied by medical treatment, meteorological changes, influences moral, intellectual, or physical; the period and duration of disease; all tending, as they do, to make the results of experience uncertain. As man finds strength from above, when he seeks to improve his moral character, so does he find strength, humanly speaking, from the developments of science, when he seeks to cure the sick.

A true principle must necessarily be beneficent; must invariably develop resources; must neither cramp nor limit the practitioner in using all reasonable means of cure; it must clearly show the road to the advancement of medical science. A false or a narrow construction of a true principle will engender errors, or confuse truths and errors together. The antiphlogistic theory, for instance, which many of us, when we began our professional career, regarded as a fundamental principle, has, after a reign of

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over a thousand years, been virtually laid aside. It was not overturned by any experience, unless by that which the homœopathic school furnished. The practitioner, under its influence, saw and observed disease only when modified by its harsh and depressing effects. It was unavoidable, after the homœopathic school had demonstrated that such treatment was uncalled-for and unnecessary, that here should follow a renewed examination into a principle, so called, which so ruthlessly wasted the resources of the human constitution; and as the physician who conscientiously sought to benefit his patient was cramped and crippled in his resources by this theory, it was natural that he should regard, with something like contempt, the assumptions of a science based upon it; it was natural, too, that the mass of practitioners should generally neglect their books, and find more comfort in depending upon their personal observations and experience. The true artist will rely upon and cling to the teaching of his genuine science, if the latter be true, but that reliance must sustain him; it must encourage him neither to neglect nor to shut his eyes to any means which have ever been known to do good; it must not leave him to a dismal, forlorn hope, or to flounder in the mazes of empiricism; for then the theory must be wrong, or the elaborations built upon it must be partial and fallacious. It must be universal and infallible in its scope, and must stimulate the practitioner of fair abilities and reasonable acquirements to depend upon it as a guide which does not limit, but develops his resources.

I have made these remarks to show that if what is claimed as a principle is correct, or if a mode of investigation is on the right track, it proves itself to be so by its immediate or direct beneficial effects, and at the same time by its enlarging the field of science. The study of diseases of the lungs and heart by physical examination has led to a more thorough understanding of them, and at the same time has added immensely to the progress of general pathology. The ophthalmoscope has not only aided the oculist to understand more fully the diseases of the eye, but has, at the same time, been the means of enlarging our knowledge of inflam-

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matory and nervous diseases generally. It is therefore fair to conclude that a true principle or a correct investigation furnishes internal or subjective evidences of its being a real advance in science.

Pathology, since it has been relieved of the burdens put upon it by the theories of the past, has been studied more in the spirit of simple investigation; and, as it has advanced, it has enabled us to arrange the symptoms and signs of disease so that they are more readily comprehended; and, in connection with it, etiology and symptomatology have made equally rapid progress. The result has been that the practitioner has clearer conceptions of the nature, course, and duration of disease; and although his labors are greater, they are cheering and encouraging, because his duty is evident.

As most, if not all of you, gentlemen, are familiar with the teachings of Hahnemann, it may be time well spent to consider whether the theory he propounded has in it the subjective evidences of being an advance in the science of medicine and therapeutics. I do not propose to trouble you with a long dissertation on the theory, "*Similia similibus curantur*," but to direct your attention to this point.

It may be argued, that the evidences of cure illustrated by great numbers of cases at the bedside should satisfy an impartial mind and compel recognition of its great truth. Such observations, as a rule, do not fully satisfy; changes in the course of disease—spontaneous, so far as we know—often occur; sometimes sudden relief is felt on the cessation of pernicious medication; the duration of the disease may modify their reliability; and, besides, a practitioner may believe that a sudden recovery under a mode of practice against which he is prejudiced is probably owing to some good fortune or to treatment which the patient has previously received. At any rate, such results imply, to many, merely experimentation and uncertainty, and excite in the minds of not a few the dread of cutting themselves loose from systems of practice which have been their main support. As in religion, while there are many whose minds and hearts have been turned

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to it by the godly lives of its disciples, there are more who have been really converted to it by the internal evidences of its power to lift up imperfect man nearer to his Father in heaven; so, in regard to a medical theory or principle, the number of its disciples has been and will be increased more by the internal evidences of its power to develop investigation and to guide the scientific physician in his labors than by apparent success of its adherents.

When I speak of the theory or principle, I mean simply that expressed in the words, "Like cures like"—"*Similia similibus curantur*"—and that alone. I will only, in passing, refer to other theories that have grown out of it; for instance, that drugs have an inherent dynamic quality which is developed by dilution, succussion, and trituration; and, as claimed by many, prepared in this way, even when extremely attenuated, they become more potential, so that for all strictly medicinal—I might say alterative purposes—such preparations should always be preferred. It was undoubtedly natural, in Hahnemann's trials of the homœopathic application of remedies, that he should reduce the doses, for otherwise they would generally have failed. A medicine given for a disease which showed symptoms or conditions similar to those produced by the drug, must generally, of necessity, have been very small, or its action would have been severe and even dangerous. If tobacco is exhibited to a sick stomach, it is easy to understand that its dose must be very small and that that organ will be very susceptible to it. Hahnemann, on perceiving the action of extremely small doses, was consequently led to believe that minute subdivision developed inherent power, and therefore that they acted through their dynamic quality. The vital powers of medicine combated the vital powers of the constitution. Much as we owe to him for the truths evolved by this elaboration from his principle, it is not easy to regard it as catholic, for it is not reconcilable with the fact that patients tolerate and are cured, without vital disturbance or artificial crisis, by large doses of alcoholic drinks, potassium iodide, or ipecacuanha; consequently, stronger evidence of its general applicability must be advanced to satisfy the medical profession generally.

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Another theory of Hahnemann, built upon the fundamental principle, is that of latent psora; of internal diseases being caused by the removal or disappearance of external diseases. Although undoubtedly true to a certain extent, investigations since his day have not strengthened its general application. On the contrary, it is clearly demonstrated that a large number of cutaneous diseases are purely local in their beginning, and that they injure the general health more by their continuance than by their removal. The development of internal complications in acute diseases is not so frequently the result as it is the cause of the suppression of its external signs. The eruption of measles, for instance, is more generally prevented by the intensity of internal disease than suppressed by external causes. The full development of external symptoms does not always prevent the dangers of a disease; on the contrary, in some of the most malignant forms of scarlatina, for instance, the eruption appears suddenly and intensely, without the least alleviation of its force; also rheumatic diseases of the heart are often, perhaps generally, developed without any abatement of the local external symptoms. Even in chronic diseases of the skin the disappearance of an eruption more frequently follows upon than precedes the development of an internal malady. So I think I am safe to say, that the theory of attributing chronic diseases generally to the suppression or removal of any form of eruptive or other external disease is not proved sufficiently to make it a universal doctrine for general acceptance.

I have referred to these points in the teachings of Hahnemann to show that, however scientific the principle may be, it does not necessarily follow that his disciples should servilely sustain him in all the tapering elaborations of himself or of many of his followers. As I have remarked before, if a theory or principle be propounded, its truth is to be judged of by its enlargement of the field of science and by its constant aid to art: and if these rules fail, it is because its application is limited, or that constructions of it have qualified and circumscribed its scope.

Now, the homœopathic law is the only one that makes the thorough study of drugs the basis of the knowledge of their

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therapeutic action — the sure foundation of the science of therapeutics. This may be denied, but certainly medicines were not studied in this way, except for toxicological purposes, before the time of Hahnemann. Under the leavening influence of the homœopathic school, the physiological and perhaps the pathogenetic effects of drugs are studied at the present day; but so far as these investigations have been made, it is not easy to understand why — unless to warn the practitioner how he may do harm, and to satisfy an indefinite idea that such knowledge must be of some use. But the homœopathic law plants itself on that ground firmly; it declares that that knowledge is an absolute necessity to every practitioner; it demands that knowledge as a requirement in every prescription he makes; it teaches that otherwise the physician is an empiric, if not a quack. He must compare, with all the knowledge he can acquire of the etiology, the symptomatology, and the pathology of the disease, the symptomatology and pathology induced by a drug. As Hahnemann expresses it, he must get as near as possible an image of the disease and an image of the drug action, and the nearer their resemblance the more certain is the curative action of the drug. Now, what a field of scientific research does this idea unfold! Mines upon mines of study, that have not even been prospected, or from which, perhaps, some stray specimens have been picked and estimated to be of some value, have been opened by that law. As in Leadville, they searched for the lead of toxicology, and threw aside the gold and silver of therapeutics, till an expert showed them their error; so in this respect the homœopathic law has opened fresh fields of investigation and study, and thereby furnishes internal evidence of its being an advance in science.

The medication, according to the homœopathic law, being milder, causes less disturbance, and allows a more precise observation of disease. It is well known that a patient's symptoms are often masked by heroic doses of medicine, so that it is difficult to make a fair prognosis or diagnosis. The influence of morphine, for instance, will often induce a lull in the apparent severity of

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disease without lessening its danger or staying its progress, and the physician becomes more liable to make a mistaken prognosis. Under the homœopathic law, physicians may discuss with each other the question of doses; but I am safe in saying that they do all agree in considering or holding the ideal of perfect treatment to be that which quietly and without striking medicinal action allays the force of disease. So I think it right and proper to say that the homœopathic law helps the practitioner to observe more readily and correctly, and this is strong internal evidence of its truth.

The examination of the sick recommended by Hahnemann is necessarily thorough and painstaking, having no regard to any theory of disease for therapeutic purposes; the guide to medication being the similarity of the symptoms of disease and of medicinal action. Whatever fault may be found with this mode of examination, it certainly cultivates the faculty of close and nice observation, and when that and pathological observation and study are combined, they must aid and correct each other. Pathology may and does aid to arrange symptoms; but the system of Hahnemann checks dependence upon its varying phases, by requiring close observation of symptoms which theories may not take in or explain, for therapeutic purposes as well as for prognosis or diagnosis. Inasmuch then as the mode of studying diseases and prescribing by the homœopathic law cultivates close and exact observation, that is an internal evidence of its truth; and it is also an evidence of the same that the dual, *i. e.*, the symptomatic and physiological, examinations do aid, check, correct, and confirm each other, and give strength and comfort to the careful practitioner.

The study of drugs symptomatically and pathologically, besides its therapeutic value, must become an important means of studying disease. At present this study is in its infancy; but when the time comes, as it surely will, when the effect of medication is carefully investigated, as disease is at the present day, and when these are compared with each other in individuals, in sickness and health, by closest researches, in the laboratory and in the dissecting-room, it is easy to comprehend the great

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advances that will follow along the whole line of medical science.

When a remedy is administered according to the homœopathic theory, its action being similar to that of the disease, the result affords reasonable grounds to suppose that the one affects and influences the other; which is strong internal evidence in favor of the law.

In the general intercourse between man and man, no system of intellectual or moral philosophy can be a complete guide to their individual relations, however much it may enlarge ideas and generalize and arrange them for ready use or application. So in relation to the management of the sick, no symptom or science of pathology can be an ideal and all-sufficient guide. Wonderful as its progress has been, and absolutely necessary as its study is to every physician, still its conclusions and generalizations do not and cannot take in every important symptom of disease. In the very nature of things, its teachings cannot be final; for, being progressive, it must be changeful. It cannot and does not account for, nor explain, many symptoms which a careful physician watches for, especially in reference to prognosis and treatment. Its spirit is to generalize rather than to individualize. In medical treatment, the homœopathic law requires close comparison of symptoms caused by disease, and those caused by drugs, so that the peculiarities of every individual case may be discovered. This training of the requisite qualifications for the practitioner, this necessity of individualization in examining a given case, is of itself strong evidence of the law being an advance in medical science.

Classifications of medicines as tonics, stimulants, etc., may have some advantage in associating in the mind remedies which it is hoped will have such and such an effect, but it has more disadvantages in training it to a loose arrangement of ideas, or to a hap-hazard mode of prescribing. The ideal spirit of all schools of medicine, so far as I know, is to teach individual investigation in every case of disease. The homœopathic law regards no medicine as a stimulant, or diaphoretic, or narcotic. It demonstrates that all medicines may at times stimulate or depress. It dis-

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courages the classification of drugs, for instance, as stimulants; as if quinine, alcohol, or ammonia were analogous remedies, either of which would give strength in similar morbid conditions, when it is well understood that either of them in large doses, yes, in ordinary small doses, may depress dangerously. It declares that either of them may be curative in certain depressed conditions, and that in proportion to the resemblance of the disease to that induced by the remedy. The law casts aside loose generalization or classification of medicines, and requires that each one should be separately studied, and thereby shows internal evidence of its truth.

It is certainly an aid to the science and art of medicine to use remedies which do not give offense or distress to the patient. The quiet alterative action of remedies causes less disturbance; perturbation does not add to the prostration and irritability of the disease, and through quiet repose the vital powers are aided to resist its force. As the homœopathic law in the main depends for curative results without demonstrative medicinal action, or rather, without seeking a crisis, say either by emesis or diaphoresis, it does not encourage the excessive dosing which the opposite system requires, and which has led to the constant abuse of drugs. It regards the crisis, not as the thing to be sought for to gain relief, but as an evidence that relief has come. It seeks to allay the force of disease, so that a normal crisis may follow, which implies general moderate medication; not to aim for a crisis that relief may follow, which implies heroic medication. From this point of view there is strong internal evidence of the truth of the law.

As the homœopathic practitioner prescribes by comparing a remedy with the disease, the spirit of the law is naturally more completely carried out by giving one remedy at a time. Hence this more complete avoidance of confusion in the acquirement of experience is strong evidence of the truth arising out of the law.

That many cases of cure have been made by remedies which have not been studied, the believers in the homœopathic law are ready to admit, and especially if these cures have been made by quiet alterative action; they are ready not only to acknowledge

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and use the fact, but also to believe that on investigation it will be found that the remedy has acted by its homœopathic relation to the disease. Besides, it does not throw aside even cases of cure where medicines are given as emetics, purgatives, or narcotics, for instance. It is well understood by homœopathic practitioners that an emetic has often cured vomiting; that castor oil in purgative doses has been found efficacious in cholera; that hyoscyamus has relieved delirium; but their construction of the cure is, that they act by their homœopathic relation. I refer to this point as showing the catholic and liberal results of homœopathic teachings, and as evidence that the law is ready to grasp and explain every genuine cure. For if the theory cannot countenance all successful medication, it is either defective or fallacious.

I have tried your patience, gentlemen, long enough in dilating upon this view of the homœopathic law. I regard it as a great advance and as the real scientific foundation of medical therapeutics. I believe it, as a study, to be a super-addition, a development, and consequently as capable of being reconciled to all genuine knowledge brought out by the labors of the medical profession from the earliest period to the present day. I am grateful, with all my disappointments in attempting to aid the sick through the devious courses of disease, that my attention was turned to it; and I have presented these points to you with a feeling of confidence that, before another generation shall pass away, the idea will have diffused itself, and permeated the whole medical profession. And when that time comes—when students and physicians, the lovers of their profession, shall bring all the appliances of medical and collateral sciences and arts to bear upon the study—the physiological and symptomatic effects of medicines alongside of similar studies upon health and disease—a system of practice will arise which will not fear the pretensions of quacks, and which will draw to the profession the best class of minds. Then, with the improved knowledge of the symptoms and course of disease and of hygienic laws, the profession of medicine will be a power in the land, certainly as influential, benevolent, and beneficial as any other profession ever has been.

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THE HOMŒOPATHIC PRINCIPLE IN RELATION TO DOSES OF MEDICINE.

By Geo. E. Belcher, M.D., President.

The Regular Annual Address delivered before the New York Medico-Chirurgical Society, November 9, 1880.

Gentlemen, Fellow-Members of the Medico-Chirurgical Society :—

* * * * * * *

Although not specifically stated in the Constitution or By-Laws of our Society, the attention shown by its members to the principle of cure according to the formula—"*Similia similibus curantur*"—has led them to advocate it, as furnishing a foundation for a science of therapeutics far in advance of any theory which has been heretofore propounded.

Whatever may have been done before the time of Hahnemann, he it was who demonstrated to the medical profession its great reasonableness and the scientific development arising out of it, and also how it could be a rule constantly applicable at the bed-side.

Like all true discoveries, it met a much-needed demand of science, such as no other theory is capable of, inasmuch as it made the knowledge of drugs and poisons upon the healthy constitution a fundamental proposition in practical medicine.

Although Hahnemann has learnedly illustrated the application of the principle in various doses, large enough on the one hand for those who have habitually used them, and small enough on the other to satisfy a considerable portion of his disciples, he has, however, in elaborating his labors, given his attention mostly to the use and application of the smaller doses.

It was natural that the aggravations, which he perceived were caused by ordinary doses, should indicate reductions in their size; that the necessity of reduction should have led to the dis-

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covery that even imponderable portions of a drug did act, and that promptly and efficiently; and that there might be, and was, a development of inherent power, whose action, though mild, penetrated deeper, and influenced diseases which larger and grosser doses did not reach.

A discovery so beneficent as this could have no other effect than to confirm his views as a vitalist, and as "life is short and art long, the occasion fleeting, experience fallacious, and judgment difficult," it was not surprising that he and many of his followers did make the discovery of small or dynamic doses the main proposition. At any rate, whatever may be the differences between conscientious observers, the result has been that a school of physicians, whose main dependence is upon small doses, has steadily and rapidly increased, so that now there is no way of suppressing it, unless it be by incorporating it in the profession generally. Probably it is a strong argument in favor of this school, that men, whom its opponents are very willing to regard as ignorant and unqualified, should, with what they regard as insufficient means, cope with them, and year after year, decade after decade, gain upon them in professional and popular favor. Has any specimen of charlatanism, or has any school of medicine, had anything like such a history as this?

The homœopathic school has reason to be proud of its success. The opposition to it has doubtless been conscientious; if it has not been charitable at all times, it is not unreasonable to imagine that that conscientiousness was worried by the willful ignorance of that which disturbed it.

It is now clear that the great discovery in relation to doses will be adopted by the profession generally; for it does now recognize the fact that the one-tenth or one-hundredth part of what was recognized as a minimum dose twenty years ago will sometimes act satisfactorily. Consequently, it must be acknowledged that, if such doses do act, they must in some cases be more appropriate. Further, if the one-tenth or one-hundredth of an old recognized dose is operative, it is a logical sequence that still smaller doses may be at times equally or more efficacious;

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and it is probable that, in a few years, the discussion upon imponderable doses will be, not whether they have power, but in what cases they may be more applicable. This point being reached, we can readily assume the eventual adoption of the principle that has led to these doses.

The generation of its opponents is now rapidly passing away; and it is flattering to us, who have in some respects lived like martyrs, to see that our principles are viewed with more toleration, if not with more favor, by the whole body of the profession: and if the older members of our school never reach the promised land of unity and harmony, they can, from Mount Pisgah's heights, already attained, behold its inhabitants nearly ready to receive them.

Although the principle of the homœopathic school has been recognized and adopted from the remotest periods in the history of medicine, the chief obstacle to its general adoption lay in the continued use of large doses. These were administered to the point of toleration, as if that point could be anticipated, and this habit of estimating doses led to incredulity as to their material reduction. Consequently, a large number of drugs, such as aconite, belladonna, nux vomica, and others, although well known at times to have remarkable curative powers, were found to be of little value at the bedside on account of their uncertain and not infrequently dangerous action. The susceptibility arising out of the excited action of disease was not practically recognized, and intolerance of a drug was generally attributed to other causes, such as an idiosyncrasy, or the imperfect preparation of a drug. Utilizing to the utmost the idea underlying the observed fact, that a diseased tissue exhibits an intensified susceptibility, the homœopathic school has persistently advised the administration of constantly reduced doses of medicine, and, by so doing, has accomplished a mighty advance in the science of therapeutics.

As I have before remarked, when the investigations of Hahnemann and his coadjutors led to the discovery that what are popularly called homœopathic doses have efficacy, it was natural that the very brilliancy of that discovery should engross their principal

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attention. It must have seemed as if a revelation almost divine had been given to them. The era had come when the feeble infant and the dilapidated septuagenarian could really have gentle medical treatment, and when the robust man need not dread that his constitution might be forever impaired by the severe means thought necessary to rid him of his disease.

Having such ideas, these physicians cast aside the nosology which was based upon anatomical relations. For instance, they regarded pneumonia as a condition arising out of a general disturbance, and looked upon abnormal symptoms following upon injuries as constitutional rather than local. They preferred what might be called an empirical or symptomatic examination of their patients, and to disregard the confusing arrangement of symptoms as taught by the different schools of the time. They felt safer when they had obtained a picture of the sufferings of the sick by gathering and classifying all the symptoms they could discover, rather than by depending upon their selection according to the various and shifting theories of the day. Their views in reference to making anatomy the basis of our nomenclature and of our knowledge of the nature of disease may have been extreme, but still many pathologists of the present day are impressed with similar ideas—so much so, that, as instances, the descriptions of typhoid fever, or of tuberculosis, in the more recent works, are less positive as to local lesions.

Acting upon this, physicians sought by comparison to apply their remedy or remedies; and so frequently were they successful that a sense of professional pride or duty kept them spell-bound, as it were, requiring them, as conscientious men, to study and work to get at a proper remedy and such a dose as would be warranted by former successes. Their notion of the power of drugs was naturally magnified. When they saw sufferings allayed and symptoms of dangerous disease promptly removed after administering doses so diminutive as to be surprisingly beyond all previous observation, they could not help being alarmed at the thought of submitting their patients to the doses then in vogue —medication which they believed must necessarily do injury;

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and in this belief they were encouraged by the observations of others, both in and out of the profession.

But has the school demonstrated that in disease there is always an excitation or susceptibility, so that a remedy chosen upon the homœopathic principle will always be more appropriate in small doses?

In answer to this question, it is clear that it has not. Many a physician of the homœopathic school has been constrained to acknowledge it; and it is folly to assert that such acknowledgment was the result of ignorance or sloth. It has not been demonstrated that all diseases can be cured more promptly and perfectly by small doses only. It has been proved, on the contrary, that large doses may and do cure promptly. For instance: it will not do to assert that an ague, prevented by a large dose of quinine, has been suppressed, unless it can be shown that the so-called forcible suppression of a vital struggle, with apparent curative results, will be followed by dangerous consequences, immediate or otherwise. It has not been shown that the alleviation of a crushing vital struggle by a large dose of a remedy necessarily endangers the health and life of the sufferer. Allowing that the perfection of the cure does not come up to our ideal, still it must be acknowledged, while life is uncertain, cures or recoveries will sometimes be uncertain, and therefore may be imperfect, whatever is done.

If we adopt Hahnemann's ideal of what constitutes evidence of cure to be "an annihilation of all the symptoms of disease without generating other symptoms," the weight of experience is too great for any doubt that real cures have been accomplished safely and quietly by large doses. I have said before, if it can be proved that small doses are at times efficient, it is a logical sequence that they are then more appropriate. On the other hand, if large doses do act promptly and efficiently, without generating other symptoms, it also follows logically that they may be at times more efficacious, and therefore more applicable.

Treatment, according to the homœopathic principle by small doses, seeks to allay a disease, and leaves a critical discharge, as

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expectoration resulting from bronchitis, for instance, to be regarded as an evidence, not the cause of relief. Now if a large dose of any remedy cures in the same way, allaying the force of a disease with or without a spontaneous crisis, that cure corresponds to those of the homœopathic school, and no doubt upon investigation will be proved to have been so.

Homœopathic treatment consists in the cure of a condition of disease, or in the favorable modification of it, by the administration of a medicine which acts upon the healthy constitution in a manner, both locally and generally, corresponding to the disease, whether the doses be large or small. Further, the practitioner who keeps in mind the homœopathic relation, and therefore of necessity watches the effect of a drug administered, is more readily prevented from doing injury by his medicines.

If the homœopathic principle is a fundamental one, it must be a guide to the use of large as well as small doses; and it will enable its disciples to gain advantage from all knowledge and experience. Otherwise it fails to explain the existence of those morbid conditions wherein, by reason of diminished susceptibility, large doses are tolerated.

In acute inflammations, and in other diseases, acute or chronic, having a steady reactive tendency, which indicates susceptibility from the excited action of disease, the small doses may almost invariably be preferred. One of the best evidences of this is, that the epidemics of cholera had a powerful influence in bringing before the profession and the public the advantages of the homœopathic treatment by small doses.

In diseases where there is general depression, interrupted by more or less violent reactions, large doses may often be more applicable, and the study of the homœopathic principle will aid us in the selection of a remedy.

Intermittent or malarial fever affords perhaps as perfect an illustration of the above remarks as can be given. According to Hippocrates, a simple tertian runs its course in seven periods, or fourteen days, and, as that is typical of the mildest form, the aim of medical treatment should be to guide a case through its course

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as nearly like that as possible. If the cause of the fever be a zymotic poisoning, it is probable that no medical treatment can rid the system of it any sooner, and, if there be any ground for the idea that all vital disturbances are processes of elimination, it would follow that any interruption of them by medicine in any form might be more or less deleterious. Practically, so far as I am informed, the homœopathic physician treats this disease on that principle with small doses. Although there are an intermission and a paroxysm, the former is rarely complete, and the latter has usually symptoms peculiar to the individual case. Almost disregarding the paroxysm, because it is in a measure common to all forms of the disease, he searches for those symptoms that continue during the intermission as well as for those peculiar ones that belong to the paroxysm, whether they are explained by any pathological theory or not, and, comparing them to the like disturbances caused by drugs, he selects his remedy. He seeks to treat accompanying conditions and to prevent complications, and in that way he hopes by his mild means to cure the disease as soon as its nature will allow. If he can succeed on this plan, he has reason to expect that no risk has been run of interrupting the vital struggle of nature.

Such treatment is reasonable, and it is very often satisfactorily successful, especially so in old cases. On the other hand, it accords with experience to say that in such cases the popular remedy, quinine, often fails to complete a cure, and that it may be pushed so far as to weaken the system by interfering with the normal struggle of the vital powers, and to cause cinchonism or a pseudo-malarial disease.

But if the paroxysms are severe, they may become more frequent and continuous, and they may endanger the constitutional health and even the life of the patient by their intensity and force; at the best they may lead to a protracted and distressing course of disease. Now, the experience of the profession at large is definite on this point—that quinine, or some other of the active principles of cinchona, is usually more reliable than any other remedy to prevent the recurrence of the paroxysms.

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The old-school physician would give this remedy, either to produce a shock or as an antidote to zymotic poisoning. It must be, however, mainly from experience that he selects it, for there is a great variety of shocks, and if the shock from this drug is required, on account of its peculiar quality, it must be for the reason that it impresses itself in the line of, or rather in a manner similar to, the disease. As an antidote to microcosms, or as a germacide, it may be efficient; but there are other anti-zymotics which have been demonstrated to be equally or more destructive, the use of which has hardly been proposed.

Such knowledge is a matter of experience, and gives no idea why quinine should be selected. The theories are an approach to an explanation, rather than a scientific suggestion.

The homœopathic principle, however, does suggest the quinine as a remedy. In overdoses it will cause conditions similar to those of malarial poisoning. Although cases of recurring paroxysms have been observed to follow doses of quinine, we cannot expect such to be its usual effect, because it cannot germinate like an organic poison.

The coldness, the prostration, the sense of intolerable exhaustion, the intense headache and the buzzing in the ears, the fever, the symptoms of congestion of the different vital organs, the critical and profuse perspiration and its hasty and rapid course, followed by general depression and low temperature, caused by quinine poisoning, show a close similarity to that of the poison from marsh malaria. Also, the autopsical conditions, such as intense congestion and sanguineous effusions of blood in the brain, lungs, and other organs—all show a striking analogy to the effects of the same influence.

It may be said that the effects of malaria do not even generally cause a regular intermittent fever, that often its effects are a cachexia, a more or less constant depression of the physical and mental powers, local congestions and infarctions, hemorrhages and neuralgias. The condition may be compared to a depressing intermission unrelieved by a normal paroxysm of fever, or disturbed only by ineffective ones. The vital powers are probably

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weakened or paralyzed by the slow worming in of the malarial poison. In such cases malarial cachexia bears a close analogy to the effects of a prolonged use of quinine, or rather to the continuance of it beyond the time when it is simply curative. The analogies mentioned above can all be confirmed by authorities not limited to the homœopathic school. The closer study of symptomatology shows that quinine may be indicated, when a chill, without thirst, is followed by impetuous fever, accompanied by intolerable pains and sufferings, and these are succeeded by thirst and sound sleep with free perspiration, which are followed by relief. The more precise study of symptoms also would suggest this remedy when there is a glum expression of countenance and an irritable and desponding state of the mental faculties; when there is weariness of body, even without feebleness; when the patient suffers from neuralgias, characterized by extreme sensitiveness, although alleviated by pressure; when there is epigastric oppression and flatulence, aggravated by food, sometimes even accompanied by hunger; when there are general malaise and aching—all relieved to a greater or lesser degree by some crisis, perhaps through the skin, kidneys, or bowels. The same study may suggest the same remedy when the health has been slowly and steadily degenerating, imperfectly relieved but still alleviated in its earlier periods by irregular critical discharges, or modified by some local and erethistic sufferings, during all which the temperature is continuously low or rises remarkably and transiently, and when, following upon these conditions, passive hemorrhages occur, or infarctions, or local congestions are developed.

I am aware that it is not in the province of this discourse to deliver a clinical lecture; but my apology for thus dilating even so imperfectly upon this subject is to show that these conditions represent a continuance of depression in which the vital powers react periodically, a permanent intermission, as it were, or a low continuous fever, in which these powers struggle imperfectly and irregularly against the morbific influence. While there may be symptoms of local complication that are more or less steady, the

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essential and consequently predominating features are the depression of the whole constitution and the crises which give a certain degree or expression of relief. To overcome such a state, it is a reasonable conclusion that such medicines and doses should be administered as are known to produce similar conditions—a conclusion the more unassailable because it has a large experience to sustain it.

It is believed by the medical profession generally that the results of such treatment are often, sufficient and permanent enough to aid the powers of nature toward the completion of the cure. If this be denied, it should be the duty of those who do so to show that greater evils necessarily follow this treatment than from any other with which they are conversant.

The action of potassium iodide in some forms of periostitis is another illustration of the efficacy and toleration of large doses. The cachexia, the depression, and the nightly bone aches, aggravated by rest and the warmth of the bed, show in a striking manner the correspondence between the action of the drug and the disease.

We may also consider the judicious use of alcohol as another illustration of the applicability of the homœopathic principle. In some cases of typhoid fever, for instance, we see a good-natured, talkative patient, who is imperfectly appreciative of his condition, and who loves his grog; or we see a stupid, mouthing, mumbling one, good-natured or impulsively vicious. The principle would naturally guide us to the selection of alcohol as a remedy. The same remedy is applicable also in many cases of shock, when the appearance of the patient, with pale or livid face, the incoherence of speech, the reduced temperature, the ready toleration of liquor, the expressions of anguish, or the more or less torpid condition of the brain, bears out the resemblance to a case of intense drunkenness. It is needless to say here that the doses may, or even must, be large, and, owing to impaired susceptibility, often in such cases enormous quantities are drunk without developing the symptoms of the remedy.

The principle of scientific therapeutics teaches us to give the

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remedy while such symptoms as the love for liquor and the apathy of the patient continue. It helps as a guide to the practitioner, because it points clearly to a special remedy for a special condition of depression, and defines the extent of its indication. If it be said that liquor acts as a stimulant, it might appropriately be asked, what is a stimulant? Is a poor drunkard, lying helpless in the gutter, stimulated? Allowing that alcohol may be a stimulant, the old-school physician, if he selects it, must do so empirically or intuitively, and not by reason of any well-defined physiological deduction.

As to debility being of itself an indication, there is no physician who has not seen case upon case in which alcohol not only failed to improve, but absolutely impaired the strength. The condition of depression indicates the dose, while the homœopathic principle determines when to begin and when to discontinue.

I trust, gentlemen, I have made some approach toward illustrating this important subject. I hope I have not given in this discourse the impression that I entertain any doubt concerning the homœopathic theory of cure. If I have done so, I have done myself injustice. I have never flagged in my belief in that theory, and in the mild medication it chiefly favors. I may at times have been discouraged and disappointed while I sought it as my guide at the bedside; but these feelings I attributed to my own defects rather than to the lack of development of the principle.

The homœopathic law is indeed a great benefit to man. Let us study it in all its relations. Let us not be confined to one feature of it only. Greater discoveries will arise out of it.

It is well to bear in mind that a narrow estimation and a partial comprehension of a fundamental principle may so far trammel as to mislead us. That comprehension is true in proportion as it enables us to heed and arrange the results of experience. Experience is the starting-point of all scientific investigations. The improvement of its power and scope and the recognition and absorption of all its fruits and facts are evidences

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by which we can decide how far we have acquired a true idea of a fundamental principle. The following of this idea begets freedom; but the assumption of a full understanding of a fundamental principle includes an understanding of the infinite, and begets narrow views and unthinking and slavish practices, and therefore interferes with our efforts to make the best use of the knowledge we possess, and with our striving to turn that knowledge to the best account.

As the homœopathic principle clearly recognizes and defines the curative powers of the remedies above referred to, we may reasonably anticipate, as a knowledge of its worth is extended, that some remedy or remedies, having a scientific basis, may be discovered that will overcome corresponding conditions in other diseases which destroy, so to speak, by their crushing weight; and we hope that soon the day will come that scientific improvement of therapeutics will enable the practitioner to grapple confidently with such diseases as typhus, typhoid, scarlet, or relapsing fevers, or diphtheria in their most malignant forms.

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COMMENTS UPON THE MEDICAL PROFESSION.

By Geo. E. Belcher, M.D., President.

The Regular Annual Address delivered before the New York Medico-Chirurgical Society, November 8, 1881.

Fellow-Members of the New York Medico-Chirurgical Society:—

The writings which have come down to us under the name of Hippocrates are of equal interest and importance. They present a fair illustration of the two-fold character of the study of the theory and practice of both medicine and surgery. In these writings are clearly exhibited the careful examination of the phenomena of disease and rational efforts to classify these phenomena in order to construct some theory which will aid the practitioner in diagnosis, prognosis, and therapeutics—in other words, to encourage him to formulate a principle that will relieve him of entire dependence upon the unarranged results obtained by observation and experience alone.

The essential characteristics of the medical profession, then, continue with decidedly beneficial progress, but at the same time with more or less harmless variations, to the present day. It may be that a science, the logical aspirations of which are expressed in the words of the Psalmist, "Lord, let me know my end and the number of my days, that I may be certified how long I have to live," can never have an established basis. A principle may be discovered: it may be definite and comprehensive, it may lead to remarkable advances in science, but in its application to the laws of life it will, as sure as it is true, bring out other questions which will be as difficult of solution as others were before that principle was proved. Consequently the medical profession may progress indefinitely, but it cannot reach the infinite. Life will always be uncertain, and consequently doubts and controversies will always continue to a greater or less degree.

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As a profession, we lack in important points the advantages which the theological and legal professions have: for the former has revelation as the basis and guide of all its efforts to elevate man; and the latter, in seeking to administer justice, has precedents and human laws to depend upon. The medical profession has no such aids, for no revelation has ever reached it, and no precedents nor human laws have ever relieved its disciples. If they fail in what they hope to accomplish, they cannot satisfy themselves with the consciousness that they have followed the authority of any established institution or the dictates of any illustrious precedent. The physician stands directly before his God, with no intermediate revelation to screen and guide him, with no responsible human authority to settle arbitrarily his duties. The other two professions, when they have sought to do right according to their rules, have no further care; while this one must, for conscience' sake alone, make the best use of all knowledge that can be acquired.

Such being the case, it is easy to conceive that the practitioner, when striving to do all in his power, should seek to satisfy himself that his efforts are in a proper direction to accomplish all that may reasonably be expected. It is easy also to conceive that, using his efforts in this mysterious and indefinite labor, he should be readily sensitive to all criticisms as to the propriety of his management and treatment. Hankering for some authoritative support, which will relieve him of indefinite responsibility, is merely and truly human; but when he fondly believes that he has found that authority, it is human that he should be sensitive when it is loudly and boldly claimed; perhaps by doubtful authorities, that other and better methods have been discovered for accomplishing what he has sought to do.

The result has been that the medical profession has always had among its members personal differences, very often bitter and intense, uncharitable and unkind. On the other hand, however, it can be said that no body of men have ever shown more self-abnegation and more courageous devotion to duty. There is no hovel or den so low or so foul that its members have not reached;

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there has never been an epidemic, however virulent, which they have not sought faithfully to prevent or restrain; there has never been any hesitation on their part in attending to contagious and infectious diseases; indeed it can be truly said no members of other professions, of eleemosynary associations, or of philanthropic guilds, have ever surpassed or even equaled those of the medical profession in devotion to the sufferings of man, when very often the only possible reward was the consciousness that duty had not been shirked.

Such being the facts, are we to conclude that the existence of personal differences, unpleasant differences, will always continue to abound in the medical profession? It is impossible to believe that such will be the case. Making all allowances for the constitutional imperfections and infirmities of man, it must be that generous aims must lead to generous hearts. The members of the profession are already more united, and it will continue to be more and more so as its science progresses.

Indeed the ultimate hope for the harmonious working of the whole profession will be realized in proportion as the studies pertaining to it are after the manner of those of the natural sciences; when cliques and associations shall cease to assume that they only hold the keys of knowledge, and that no road to progress can exist but that which they mark out and follow.

When creations of constitutions for the governing of men have been adopted as perfect models, the result has been that they have invariably led to confusion and bloodshed, as in the French Revolution, for instance. So in the creation of systems which relate to the individual man, the result has invariably been, when exclusively applied, that the good in them has been mingled with positive harm or inefficiency. It must naturally follow that any principle or system, however true, must be applied carefully and comprehensively, and with the understanding that the more catholic it is the more will its application develop other and modifying principles. No great principle, especially in relation to man and his diseases, can be fundamental or final if it restricts its disciples. On the contrary, a true principle is an extension of

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the field of science, and enables its votaries to reconnoitre and to advance further into the boundless world of nature.

It is not necessary to trouble you with illustrations of the truth of my remarks—the whole history of medicine proves it. The advantages arising from new discoveries and theories have been, that attention to new points has enlarged the knowledge of nature. The disadvantages have been the hasty seeking to build upon them a system that almost hides from view the underlying truths. For instance, during the course of a fever, a hemorrhage is very often a favorable crisis, and this fact contributed largely to build up the antiphlogistic theory; consequently bleeding was used to anticipate or to supply a crisis, even when it was known that a critical discharge, whether large or small, was frequently unfavorable. Quinine is often of great service in counteracting the depressions and paroxysmal attacks caused by malarial influences, and therefore is classed among tonics; so systematizing the idea that, for debility of all kinds, it is usually remedial, while it requires little observation or study to learn that it very often causes intense debility. The same remedy has the power of diminishing the temperature of the body, and therefore it has been assumed that it should generally be given for that purpose in acute diseases, notwithstanding it is well known that in them the temperature, when abnormally low, is indicative of danger. These are fair illustrations of the evils incidental to the hasty generalizing of a theory based upon one symptom of a drug. With such imperfect theories, it is not surprising that physicians should be unsettled; for results cannot be reasonably assured, and an unsettled mind is an irritable mind.

Pathology, especially since the microscope has come in use, is studied more as the natural sciences are; and its progress has been astonishing, and its influence at the bedside has been to give the industrious physician a commanding influence. While fanciful theories occupied the minds of the profession, the leading men became bitter partisans, full of controversies, and had only a moderate influence upon the practitioners at large; now, while disease is studied with a simple spirit of truth, personal emulations

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and ill feelings are subdued, and discussions can go on in a friendly spirit; and the more thoroughly the pathologist is posted in his knowledge, the more thorough is his influence upon the whole profession.

Now in therapeutics there is so much uncertainty, that on this point the members of the profession are irritable. While irritability has measurably ceased in the investigation of disease, it still continues in the application of remedies.

Will this always continue? I believe not. In former times the controversies of physicians were often acrid in trying to decide whether a remedy was hot or cold, and in discussing other crudities, which controversies have ceased as real knowledge has increased. Almost to the present day physicians have sharp controversies upon the working of remedial agents, which will undoubtedly lessen when they all go to work and study the action of drugs upon the animal economy, and in that way make a science of therapeutics, an ally of the natural sciences. I used the word "almost" to the present day, because the adoption of this study, started during the early part of the present century, even if it were imperfect, nevertheless became immediately practical; it made the knowledge so acquired the corner-stone of scientific therapeutics; it has extended the more rapidly because it is not interlocked nor entangled with any doubtful theory of the animal economy—that study which has marked out the true plan to be not only to investigate changes which pathology can arrange and express, but equally so those which intuitive or cultivated perception can take in, whether they can be generalized or not. That day is "almost" present, and thankful should we be that it is even so, for when the true spirit of that great study shall be accepted and adopted, the medical profession will have nearly, if not quite, overcome its intestine troubles, and the lion and the lamb shall investigate together. It will be found that the field of science has been expanded, and that satisfactory investigations shall extend it indefinitely.

The medical profession, with all its difficulties and with all its weaknesses which it has been the loudest to proclaim, has always

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held firm hold on the hearts and minds of every people; it is invariably referred to with respect in the books of Holy Writ; it has strengthened always as civilization and science have developed; it has become the great aid to Christians, who would evangelize the world; and in the good time coming, when systems and theories shall be consulted and weighed dispassionately, and when untrammeled investigations are to be the rule, we shall see a power influencing the world, unselfish and beneficent.

Then shall the spirit which abounded in the writing of Hippocrates be found still to exist, but more developed and refined.

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